DOCUMENT RESUME

ED 232 078 CG 016 772

AUTHOR	Johnston, Lloyd D.; And Others
TITLE	Student Drug Use in America 1975-1981.
INSTITUTION	Michigan Univ., Ann Arbor. Inst. for Social Research.
SPONS AGENCY	National Inst. on Drug Abuse (DHHS), Rockville, Md. Div. of Research.
REPORT NO	DHHS-ADM-82-1221
PUB DATE	81
GRANT	NIDA-3-RO1-DA-01411
NOTE	439p.; For related documents, see ED 169 453 and ED 186 781.
PUB TYPE	Statistical Lata (110) -- Reports - Research/Technical (143)
EDRS PRICE	MF01/PC18 Plus Postage.
DESCRIPTORS	Drinking; *Drug Abuse; *Drug Use; High School Seniors; Marihuana; Narcotics; Secondary Education; Sedatives; *Social Environment; Stimulants; *Student Attitudes; *Student Behavior; Tobacco; Trend Analysis

ABSTRACT

This report presents detailed statistics on the prevalence of drug use among American high school seniors in 1981, and on trends in those figures since 1975. The purposes and rationale of the study, the research design and procedures, and the representativeness and validity of the study are discussed in the introduction. Section II provides a brief overview of key findings. Statistics on the prevalence of, and recent trends in, drug use are presented in 12 chapters: a summary across all drugs; marijuana/hashish; inhalants; hallucinogens; cocaine; heroin; other opiates; stimulants; sedatives; tranquilizers; alcohol; and cigarettes. Section IV presents statistics on students' attitudes, beliefs, and the social milieu, including perceived harmfulness of drugs, personal disapproval of drug use, exposure to use by friends and others, and perceived availability of drugs. Section V provides brief synopses of key results from the study which have been published elsewhere. The appendices cover the representativeness and validity of the study, estimation of sampling errors, guidelines for reading and interpreting tables and questionnaire content, and definition of variables. The report includes a reference list. (WAS)

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STUDENT DRUG USE IN AMERICA
1975-1981

by

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1981

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

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Chapter	Total Sample	All Subgroups**
2. MARIJUANA		
Lifetime--prevalence	79	79
--frequency	83	
Annual --prevalence	80	80
--frequency	83	*82*
Monthly --prevalence	81	81
--frequency	83	
Daily --prevalence	87	87
Grade of First Use	84,93,94	*85*,86
Degree/Duration High	88	*89-92*
3. INHALANTS (Including the Nitrites)		
Lifetime--prevalence	100,101	100,101
--frequency	108,109	
Annual --prevalence	102,103	102,103
--frequency	108,109	*106,107*
Monthly --prevalence	104,105	104,105
--frequency	108,109	
Grade of First Use	110,111, 116-119	*112,113*, 114,115
4. HALLUCINOGENS (Including LSD & PCP)		
Lifetime--prevalence	128-130	128-130
--frequency	140-142	
Annual --prevalence	131-133	131-133
--frequency	140-142	*137-139*
Monthly --prevalence	134-136	134-136
--frequency	140-142	
Grade of First Use	143-145, 154-159	*146-148*, 149-151
Degree/Duration High	152,153	
5. COCAINE		
Lifetime--prevalence	165	165
--frequency	169	
Annual --prevalence	166	166
--frequency	169	*168*
Monthly --prevalence	167	167
--frequency	169	
Grade of First Use	170,174, 175	*171*,172
Degree/Duration High	173	
6. HEROIN		
Lifetime--prevalence	181	181
--frequency	185	
Annual --prevalence	182	182
--frequency	185	*184*
Monthly --prevalence	183	183
--frequency	185	
Grade of First Use	186,190,191	*187*,188
Degree/Duration High	189	
7. OTHER OPIATES		
Lifetime--prevalence	198	198
--frequency	202	
Annual --prevalence	199	199
--frequency	202	*201*
Monthly --prevalence	200	200
--frequency	202	
Grade of First Use	203,207,208	*204*,205
Degree/Duration High	206	
8. STIMULANTS		
Lifetime--prevalence	215	215
--frequency	219	
Annual --prevalence	216	216
--frequency	219	*218*
Monthly --prevalence	217	217
--frequency	219	
Grade of First Use	220,224,225	*221*,222
Degree/Duration High	223	
9. SEDATIVES (Including Quaaludes & Barbiturates)		
Lifetime--prevalence	234-236	234,236
--frequency	246-248	
Annual --prevalence	237-239	237-239
--frequency	246-248	*243-245*
Monthly --prevalence	240-242	240-242
--frequency	246-248	
Grade of First Use	249-251, 260-265	*252,254*, 255-257
Degree/Duration High	258-259	
10. TRANQUILIZERS		
Lifetime--prevalence	271	271
--frequency	275	
Annual --prevalence	272	272
--frequency	275	*274*
Monthly --prevalence	273	273
--frequency	275	
Grade of First Use	276,280, 281	*277*,278
Degree/Duration High	279	
11. ALCOHOL		
Lifetime--prevalence	288	288
--frequency	292	
Annual --prevalence	289	289
--frequency	292	*291*
Monthly --prevalence	290	290
--frequency	292	
Daily --prevalence	296	296
Grade of First Use	293,305,306	*294*,295
Degree/Duration High	299	*298-301*
5+ drinks--prevalence	302	*303*,304
12. CIGARETTES		
Lifetime--prevalence	312	312
--frequency	316	
Monthly --prevalence	313	313
--frequency	316	*315*
½ pkg/day--prevalence	314	
Grade of First Use	317,320,321	*318*,319

*All tables contain 1975-1981 trends except those for which the page number is given in italics, in which case only 1981 data are contained.

**Data for subgroups defined on the following dimensions are given in the tables indicated: sex of respondent, college plans, region of the country, and population density (or urbanicity).

This publication was written by the principal investigators and staff of The Monitoring the Future project, at the Institute for Social Research, The University of Michigan, under Research Grant No. 3 RO1 DA 01411 from the National Institute on Drug Abuse.

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DHHS Publication No. (ADM)82-1221

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PREFACE

This is the third in this series of publications from the national research and reporting series conducted at The University of Michigan's Institute for Social Research under the title, Monitoring the Future: A Continuing Study of the Lifestyles and Values of Youth. Core funding for this series has been provided by the National Institute on Drug Abuse.

Content of this Report

Presented here are detailed statistics on the prevalence of drug use among American high school seniors in 1981, and on trends in those figures since 1975. Information on eleven separate classes of drugs is presented in Chapters 2 through 12, and the overall results on prevalence and trends in drug use are summarized in Chapter 1. The following classes of drugs are distinguished: marijuana (including hashish), inhalants, hallucinogens, cocaine, heroin, natural and synthetic opiates other than heroin, stimulants, sedatives, tranquilizers, alcohol, and cigarettes. This particular organization of drug use classes was chosen to heighten comparability with a parallel publication based on a national household survey on drug abuse (Fishburne, Abelson, and Cisin, 1979).

Separate statistics are also presented here for several sub-classes of drugs: PCP and LSD (both hallucinogens), barbiturates and methaqualone (both sedatives) and the amyl and butyl nitrites (both inhalants). PCP and the nitrites were added to our measurement for the first time in 1979 because of increasing concern over their rising popularity and possibly deleterious effects; trend data are thus only available for them since 1979. Barbiturates and methaqualone, which in combination constitute the two components of the "sedatives" class as used here, have been separately measured from the outset. They are now presented separately because their trend lines are substantially different.

Except for the use of alcohol and cigarettes, virtually all of the drug use discussed here is illicit.* Respondents were asked to exclude any occasions on which they had used any of the psychotherapeutic drugs under medical supervision. A relatively small amount of data was gathered on the medically supervised use of such drugs (i.e., stimulants, sedatives, tranquilizers, and opiates other than heroin), and these results are given in the introduction to each of the relevant chapters.

We also have chosen to focus heavily on drug use at the higher frequency levels rather than simply reporting the proportions of groups and subgroups who have ever used various drugs. This is done to help differentiate levels of seriousness, or extent, of drug involvement. While we may yet lack any public consensus of what levels of use constitute "abuse," there is surely a consensus that heavier levels of use are more likely to have detrimental effects for the user and society than are lighter levels. Therefore, it is important to talk not only about the breadth of involvement but about the depth of it, as well. In fact, the findings on daily marijuana use contained in the first volume in this series served to draw the attention of policy-makers and the public to a growing phenomenon which may prove to have serious implications for public health.

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*Actually, purchase and use of the butyl nitrites remains legal and unregulated at the present time.

In addition to describing prevalence and trends in use, this volume contains an assessment of current attitudes and beliefs among American high school seniors concerning various types of drug use and of the ways that these views have been changing over the last three years. It also considers, in Chapter 14, certain relevant aspects of the social milieu, including students' exposure to various drug-using behaviors, their perceptions of the extent to which their parents and peers disapprove of such behaviors, and their perceptions of just how available various drugs are to them. Trends in all of these factors are also examined.

We also focus on two other aspects of drug-using behavior which have received very little attention in the drug epidemiology literature to date: (a) the intensity and duration of the highs usually experienced with the various drugs, and (b) cross-cohort comparisons of the rate of initiation into drug use. In one of the five questionnaire forms contained in each year's survey, users of each class of drugs have been asked to rate on a four-point Likert scale the intensity of the highs they usually experience. They are also asked to indicate the length of time they usually stay high when using that drug. These questions were developed as rough indicators of the quantity of drugs consumed on the average occasion. The use of these measures was necessitated in large part by the fact that most drugs used illicitly do not come in standard units of quantity or purity (such as ounces, milligrams, proof, etc.), and even if they do, the users are often unaware of what the quantities and purities are. Therefore, despite the subjective nature of these measures, particularly the one rating the intensity of the high being experienced, we decided to approach the issue of quantity through this indirect route. Using these measures we have attempted to characterize the length and subjective intensity of the highs usually associated with each drug, to compare the different types of drugs on these dimensions, and to monitor shifts over time—shifts which may reflect changes in the purity/quantity of each type of drug being used on the average occasion. In each of the chapters in this volume dealing with specific types of drugs, a table is included (usually Table 10) showing the cross-time results on these questions. As will be seen, some important shifts have been occurring on these measures.

Also included in each chapter dealing with a specific class of drugs are two figures which present trends in drug use at earlier grade levels. Both are based on data from the last seven senior classes concerning the grade in which they first used each drug. In one figure, trends in prevalence rates at lower grade levels have been reconstructed. In the other, increases in lifetime prevalence with age are traced across the years for each graduating class. The first figure documents trends in prevalence at lower grade levels in earlier years, while the second illustrates the differences associated with growing up in an earlier versus a later cohort (graduating class).

Since the monitoring of trends in licit and illicit substance use is but one of the many objectives of this research program, other recent drug-related research findings from the study are summarized at the end of this report.

Intended Audience

A substantially smaller publication containing the highlights of this study is also published by the National Institute on Drug Abuse. Intended for a much wider audience, it contains the key findings from this volume on prevalence and trends in use. The present volume is addressed to those who seek a more complete presentation of findings or more detailed information on the design and procedures of the study. We have presumed that this audience includes policy-makers in various branches of government and regulatory agencies, researchers and practicing clinicians in the drug field, and reporters interested in more in-depth information on particular drugs or particular subgroups of the youth population. Given this likely mix of readers, we have attempted to write in a manner which is intelligible and interesting to those whose background is not in research. At the same time we have tried to be sufficiently thorough on the technical aspects of the study, particularly in the appendices, to allow other researchers to judge the scientific quality of the data.

Organization of the Volume

The Introduction provides an overview of the study design and purposes, including a definition of the larger population represented by our survey samples, the methods used to draw the samples, the nature of the questionnaires and questionnaire administrations, and a discussion of the representativeness of the resulting samples as well as the validity of our self-report measures of drug use. Section II, Overview of Key Findings, provides a very brief "executive summary" of the most important results in the volume. The first chapter of the Main Findings section (Section III), Summary and Integration Across Drugs, provides (as its title implies) an overview of the key results contained in Chapters 2 through 12, which deal with actual use of the various drugs. Beyond these sections, however, the chapters are not written to be read sequentially, so nothing is lost by reading selectively. In fact, the chapters have been organized and formatted to facilitate use of this volume as a reference work.

The key points to be derived from the data tables in each chapter are presented in a brief, structured format at the beginning of the chapter. Chapters 2 through 11 use a standard set of tables with comparable table numbers from chapter to chapter wherever possible. Thus, for example, the information in Table 5 in Chapter 2 (on marijuana) is comparable to that in Table 5 of Chapter 6 (on heroin). Since the questions concerning cigarette use are somewhat different from those on the other drugs, the table sequence in Chapter 12 departs from that used in the preceding chapters. A brief guide for interpreting the tables can be found in Appendix C, and all measures discussed in the volume are given, or operationally defined, in Appendix D. Because the study contains so much instrumentation (five different questionnaire forms), it is neither practical nor helpful to include it all here. However, the full set of instruments may be secured by writing to the authors.

Other Publications

This volume is the third in a series and the "highlights" version is the fifth in an annual series; subsequent volumes in these series will provide prevalence and trend data for each new senior class. There also are a number of other publications covering somewhat different topics from the Monitoring the Future project. Already published as part of an ongoing annual series are seven hard-bound volumes—one each for the classes of 1975 through 1981—which contain the responses of the entire sample and a number of subgroups to all questions in the five questionnaire forms administered each year. Each volume has a cross-year reference index to permit the easy comparison of questions across all years of the study. These volumes are published by the Publications Division of the Institute for Social Research, at the University of Michigan, Box 1248, Ann Arbor, Michigan, 48106.

In addition to the usual publications in professional journals, there is a series of occasional papers, also published by the Institute for Social Research, containing methodological papers, study documentation, and substantive papers. The first, for example, contains a detailed discussion of the purposes, research design, and technical procedures for the study. Readers wishing to be notified of the contents of this series, as well as other publications from the study, may write to the authors.

I. Introduction

This report deals with high school seniors in the classes of 1975 through 1981—their drug use, attitudes about drug use, exposure to drug use, and perceptions about the availability of drugs. The findings are based on the Monitoring the Future project, a series of annual surveys conducted by the Institute for Social Research at The University of Michigan under a research grant from the National Institute on Drug Abuse.

Purposes and Rationale for this Research

Perhaps no area is more clearly appropriate for the application of systematic research and reporting than the drug field, given its rapid rate of change, its importance for the well-being of the nation, and the amount of legislative and administrative intervention addressed to it. Young people are often at the leading edge of social change; and this has been particularly true in the case of drug use. The surge in illicit drug use during the last decade has proven to be primarily a youth phenomenon, with onset of use most likely to occur during adolescence. From one year to the next particular drugs rise or fall in popularity, and related problems occur for youth, for their families, for governmental agencies, and for society as a whole. This year's findings show that considerable change is continuing to take place.

One of the major purposes of the Monitoring the Future series is to develop an accurate picture of the current situation and of current trends. A reasonably accurate assessment of the basic size and contours of the problem of illicit drug use among young Americans is an important starting place for rational public debate and policymaking. In the absence of reliable prevalence data, substantial misconceptions can develop and resources can be misallocated. In the absence of reliable data on trends, early detection and localization of emerging problems are more difficult, and the assessment of the impact of major historical and policy-induced events much more conjectural.

Various methods exist for monitoring and assessing drug use. Many of them rely on data from existing institutions and social agencies—hospitals, coroners' offices, police agencies, treatment programs—and represent counts of various critical events related to drug use. What distinguishes the sample survey technique as used here from these other methods is that it can generate statistics on those segments of the population who do not come to the attention of such agencies (the majority), as well as on a good proportion of those who do. Further, surveys allow for the calibration of sampling accuracy. For purposes of monitoring trends, moreover, the methods of sampling and measurement can be held rigidly constant across time, whereas social agencies may be capturing different proportions or segments of the larger drug-using population at different points in time.

On the other hand, agency-based systems are superior for monitoring certain important "rare events"—such as overdose deaths, drug emergencies, drug arrests, and treatment admissions—since sample surveys simply contain too few respondents to estimate reliably their frequency of occurrence. For certain types of people, such as heavy heroin users, neither sample surveys nor agency-based systems may provide very accurate estimates of overall prevalence, although it may be possible to monitor trends by using their results in combination.

In sum, the several methods for monitoring and assessing drug use and related factors each have some strengths and some limitations. For estimating and monitoring most types of illicit drug use in the general population, we believe that the sample survey technique provides not only the most accurate method currently available, but the most efficient as well.

The type of information provided by this series of annual surveys obviously does not translate directly into specific policy decisions; but its availability should enhance the decision-making process by providing more insight into the size and nature of the problems, the rate of change occurring nationally and in subgroups, some of the social and psychological dynamics involved, and the effects of some large-scale interventions (such as changed drug laws and new drug education programs).

The Monitoring the Future study has a number of purposes other than prevalence and trend estimation—purposes which are not addressed in any detail in this volume. Among them are: gaining a better understanding of the lifestyles and value orientations associated with various patterns of drug use, and monitoring how those orientations are shifting over time; determining the immediate and more general aspects of the social environment which are associated with drug use and abuse; determining how drug use is affected by major transitions in social environment (such as entry into military service, civilian employment, college, unemployment) or in social roles (marriage, parenthood); distinguishing age effects from cohort and period effects in determining drug use; determining the effects of social legislation on all types of drug use; and determining the changing connotations of drug use and changing patterns of multiple drug use among youth. Readers interested in publications dealing with any of these other areas should write the authors at the Institute for Social Research, Rm. 2030, The University of Michigan, Ann Arbor, Michigan, 48109.

Research Design and Procedures*

The basic research design involves annual data collections from high school seniors during the spring of each year, beginning with the class of 1975. Each data collection takes place in approximately 125 to 130 public and private high schools selected to provide an accurate cross section of high school seniors throughout the United States.

Reasons for Focusing on High School Seniors. There are several reasons for choosing the senior year of high school as an optimal point for monitoring the drug use and related attitudes of youth. One is that the completion of high school represents the end of an important developmental stage in this society, since it demarcates both the end of universal public education and, for many, the end of living in the parental home. Therefore, it is a logical point at which to take stock of the cumulated influences of these two environments on American youth.

Further, the completion of high school represents the jumping-off point from which young people diverge into widely differing social environments including college, business firms, military service, and homemaking. But these environmental transitions are not the only important changes which coincide with the end of high school. Most young men and women now reach the formal age of adulthood shortly before or after graduation; more significantly, they begin to assume adult roles, including financial self-support, marriage, and parenthood.

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*A more extensive description of the research design may be found in Bachman and Johnston (1978).

Finally, there are some important practical advantages to building a system of data collections around samples of high school seniors. The last year of high school constitutes the final point at which a reasonably good national sample of an age-specific cohort can be drawn and studied economically. The need for systematically repeated, large-scale samples from which to make reliable estimates of change requires that considerable stress be laid on efficiency and feasibility; the present design meets those requirements.

One limitation in the present design is that it does not include in the target population those young men and women who drop out of high school before graduation (or before the last few months of the senior year, to be more precise). This excludes a relatively small proportion of each age cohort—between 15 and 20 percent—though not an unimportant segment, since we know that illicit drug use tends to be higher than average in this group (Johnston, 1973; Bachman, O'Malley, & Johnston, 1978). However, the addition of a representative sample of dropouts would increase the cost of the present research very substantially, because of their dispersion and generally higher level of resistance to being located and interviewed.

For the purposes of estimating characteristics of the entire age group, the omission of high school dropouts does introduce certain biases; however, their small proportion sets outer limits on the bias (Johnston, O'Malley, & Eveland, 1975, Appendix B). For the purposes of estimating changes from one cohort of high school seniors to another, the omission of dropouts represents a problem only if different cohorts have considerably different proportions who drop out. However, we have no reason to expect dramatic changes in those rates for the foreseeable future, and recently published government statistics indicate a great deal of stability in dropout rates since 1970.*

Some may use our high school data to draw conclusions about changes in drug use for the entire age group. While we do not encourage such extrapolation, we suspect that the conclusions reached would be valid, on the whole, since over 80% of the age group is in the surveyed segment of the population and since we expect that change among those not in school are very likely to parallel the changes among those who are. Nevertheless, we recognize the value of periodically checking the results of the present monitoring system against those emerging from other data collection systems using different methods, such as household interviews. It is encouraging to note that when we have compared data for this age group from the present study with those from interview studies, the findings have shown a high degree of similarity in prevalence rates.

Sampling Procedures. A multi-stage procedure is used for securing a nationwide sample of high school seniors. Stage 1 is the selection of particular geographic areas, Stage 2 is the selection of one or more high schools in each area, and Stage 3 is the selection of seniors within each high school.

Stage 1. The geographic areas used in this study are the primary sampling units (PSUs) developed by the Sampling Section of the Survey Research Center for use in the Center's nationwide interview studies. These consist of 74 primary areas throughout the coterminous United States. In addition to the 12 largest metropolitan areas, containing about 30 percent of the nation's population, 62 other primary areas are included: 10 in the

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*An examination of U. S. Census data shows that the proportion of all American 16 to 24 year olds who are not high school graduates, nor actively enrolled in school, remained virtually constant (at about 15%) between 1970 and 1980. (Bureau of the Census, "School Enrollment—Social and Economic Characteristics of Students," Series P-20, various years).

Northeast, 18 in the North Central area, 24 in the South, and 10 in the West. Because these same PSUs are used for personal interview studies by the Survey Research Center, local field representatives can be assigned to administer the data collections in practically all schools.

Stage 2. In the major metropolitan areas more than one high school is often included in the sampling design; in most other sampling areas a single high school is sampled. In all cases, the selections of high schools are made such that the probability of drawing a school is proportionate to the size of its senior class. The larger the senior class (according to recent records), the higher the selection probability assigned to the high school. When a sampled school is unwilling to participate, a replacement school as similar to it as possible is selected from the same geographic area.

Stage 3. Within each selected school, up to about 400 seniors may be included in the data collection. In schools with fewer than 400 seniors, the usual procedure is to include all of them in the data collection. In larger schools, a subset of seniors is selected either by randomly sampling classrooms or by some other random method that is convenient for the school and judged to be unbiased. Sample weights are assigned to each respondent so as to take account of variations in the sizes of samples from one school to another, as well as the (smaller) variations in selection probabilities occurring at the earlier stages of sampling.

The three-stage sampling procedure described above yielded the following number of participating schools and students:

TABLE 1

Monitoring the Future
Number of Participating Schools and Students

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Number of public schools	111	108	108	111	111	107	109
Number of private schools	14	15	16	20	20	20	19
Total number of schools	125	123	124	131	131	127	128
Total number of students	15,791	16,678	18,436	18,924	16,662	16,524	18,267
Student response rate	78%	77%	79%	83%	82%	82%	81%

One other important feature of the base-year sampling procedure should be noted here. Each school (except for half of those in the 1975 data collection) is asked to participate in two data collections, thereby permitting replacement of half of the total sample of schools each year. One motivation for requesting that schools participate for two years is administrative efficiency; it is a costly and time-consuming procedure to secure the cooperation of schools, and a two-year period of participation cuts down that effort substantially. Another important advantage is that whenever an appreciable shift in scores from one graduating class to the next is observed, it is possible to check whether the shift might be attributable to some differences in the newly sampled schools. This is done simply by repeating the analysis using only the 60 or so schools which participated both years. Thus far, the half-sample approach has worked quite well; the half-samples of repeat schools yield drug prevalence trends which are highly similar to trends based on all

School Recruiting Procedures. Early during the fall semester an initial contact is made with each sampled school. First a letter is sent to the principal describing the study and requesting permission to survey seniors. The letter is followed by a telephone call from a project staff member, who attempts to deal with any questions or problems and (when necessary) makes arrangements to contact and seek permission from other school district officials. Basically the same procedures are followed for schools asked to participate for the second year.

Once the school's agreement to participate is obtained, arrangements are made by phone for selecting a random sample of seniors, when the school is large, and for administering the questionnaires. A specific date for the survey is mutually agreed upon and a local Survey Research Center (SRC) representative is assigned to carry out the administration.

Advance Contact with Teachers and Students. The local SRC representative is instructed to visit the school two weeks ahead of the actual data of administration. This visit serves as an occasion to meet the teachers whose class(es) will be affected and to provide them with a brochure describing the study, a brief set of guidelines about the questionnaire administration, and a supply of flyers to be distributed to the students a week to 10 days in advance of the questionnaire administration. The guidelines to the teachers include a suggested announcement to students at the time the flyers are distributed.

From the students' standpoint, the first information about the study usually consists of the teacher's announcement and the short descriptive flyer. In announcing the study, the teachers are asked to stress that the questionnaires used in the survey are not tests, and that there are no right or wrong answers. The flyer tells students that they will be invited to participate in the study, points out that their participation is strictly voluntary, and stresses confidentiality (including a reference to the fact that the Monitoring the Future project has a special government grant of confidentiality which allows their answers to be protected).

Questionnaire Administration. The actual questionnaire administration in each school is carried out by the local Survey Research Center representatives and their assistants, following standardized procedures detailed in a project instruction manual. The questionnaires are administered in classrooms during normal class periods whenever possible; however, circumstances in some schools require the use of larger group administrations. Teachers are not asked to do anything more than introduce the SRC staff members and (in most cases) remain present in order to help guarantee an orderly atmosphere for the survey. Teachers are urged to avoid walking around the room, lest students feel that their answers might be observed.

The actual process of completing the questionnaires is quite straightforward. Respondents are given sharpened pencils and asked to use them because the questionnaires are designed for automatic scanning. Most respondents can finish within a 45-minute class period; for those who cannot, an effort is made to provide a few minutes of additional time.

Content Areas and Questionnaire Design. Drug use and related attitudes are the topics which receive the most extensive coverage in the Monitoring the Future project; however, the questionnaires also deal with a wide range of other subject areas including attitudes about government, social institutions, school, changing roles for men and women, educational aspirations, occupational aims, marital and family plans, as well as a variety of background and demographic factors. Given this breadth of content, the study is not presented to respondents as a "drug use study," nor do they tend to view it as such.

Because many questions are needed to cover all of these topic areas, much of the questionnaire content is divided into five different questionnaire forms (which are distributed to participants in an ordered sequence that insures five virtually identical subsamples). About one-third of each questionnaire form consists of key or "core" variables which are common to all forms. All demographic variables, and nearly all of the drug use variables included in this report, are included in this "core" set of measures.* This use of the full sample for drug and demographic measures provides a more accurate estimation on these dimensions and also makes it possible to link these dimensions statistically to all of the other measures which are included in a single form only. Many of the questions dealing with attitudes, beliefs, and perceptions of relevant features of the social milieu appear in only a single form, however, and are thus based on one-fifth as many cases (i.e., approximately 3,500 respondents).

Procedures for Protecting Confidentiality. In any study that relies on voluntary reporting of drug use, it is essential to develop procedures which guarantee the confidentiality of such reports. It is also desirable that these procedures be described adequately to respondents so that they are comfortable about providing honest answers.

We noted that the first information given to students about the survey consists of a descriptive flyer stressing confidentiality and voluntary participation. This theme is repeated at the start of the actual questionnaire administration. Each participating student is instructed to read the message on the cover of the questionnaire, which stresses the importance and value of the study, notes that answers will be kept strictly confidential, and makes the following statement about voluntary participation: "This study is completely voluntary. If there is any question you or your parents would find objectionable for any reason, just leave it blank." (Students who do not wish to participate are asked to work quietly on their own schoolwork.) The instructions then point out that in a few months a summary of nationwide results will be mailed to all participants, and also that a follow-up questionnaire will be sent to some students after a year. The cover message explains that these are the reasons for asking that name and address be written on a special form which will be removed from the questionnaire and handed in separately. The message also points out that the two different code numbers (one on the questionnaire and one on the tear-out form) cannot be matched except by a special computer tape at The University of Michigan.

Near the end of the administration period, the Survey Research Center (SRC) staff member instructs students to separate the address form and then fill it out and pass it in separately. The completed questionnaires and the address forms then remain in the possession of the SRC representative until they are mailed. When mailed, the address forms go to SRC, while the questionnaires go directly to the company which scores them, using optical scanning procedures. Once the address forms are separated from the questionnaires it is virtually impossible for anyone, either SRC field staff or school personnel, to match the two again. The questionnaires have an ordered sequence of code numbers, but the computer-printed numbers on the address forms are random numbers. As the instructions to students state, the only way the two could be matched would be to use the special tape at The University of Michigan. (As a matter of fact, that particular match is never made. Follow-up questionnaires with new numbers are matched to base-year questionnaires without ever directly associating respondents' names with either questionnaire.)

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*The "core" measures of drug use and the selected core demographic variables used in this report are reproduced in Appendix D.

The statements and procedures dealing with confidentiality seem to satisfy nearly all high school seniors who participate in the project. As a part of the 1975 data collection, individual interviews were conducted in six participating schools located in five different states. Of the total of 123 interviewees, 91 had completed a Monitoring the Future questionnaire during the previous day. Only two of these respondents said that they were not aware of the project's promise of confidentiality. All respondents were asked, "How much faith do you have in this guarantee?" Only two said they did not have faith in the promise; 85 percent had complete faith in the confidentiality guarantee; the rest said that they did not care (often saying they "had nothing to hide").

Representativeness and Validity

The samples for this study are intended to be representative of high school seniors throughout the 48 coterminous states. We have already discussed the fact that this definition of the sample excludes one important portion of the age cohort: those who have dropped out of high school before nearing the end of the senior year. But given the aim of representing high school seniors, it will now be useful to consider the extent to which the obtained samples of schools and students are likely to be representative of all seniors, and the degree to which the data obtained are likely to be valid.

We can distinguish at least four ways in which survey data of this sort might fall short of being fully accurate: (1) some sampled schools refuse to participate, which could introduce some bias; (2) the failure to obtain questionnaire data from 100 percent of the students sampled in participating schools could also introduce bias; (3) the answers provided by participating students are open to both conscious and unconscious distortions, which could reduce validity; and (4) limitations in sample size and/or design could place limits on the accuracy of estimates. The problems of representativeness of both schools and students, and also the problem of validity of answers, are treated extensively in Appendix A; matters of accuracy and sampling error are treated in Appendix B. This section presents only the highlights of each of those discussions.

School Participation. As noted in the description of the sampling design, schools are invited to participate in the study for a two-year period. With very few exceptions, each school which has participated for the first year has agreed to participate for a second year. Depending on the year, from 66% to 80% of the schools initially invited to participate agree to do so; for each school refusal, a similar school (in terms of size, geographic area, urbanicity, etc.) is recruited as a replacement (see Appendix A for details). The selection of replacement schools almost entirely removes problems of bias in region, urbanicity, and the like that might result from certain schools refusing to participate. Other potential biases are more subtle, however. If, for example, it turned out that most schools with "drug problems" refused to participate, that would seriously bias the sample. And if any other single factor were dominant in most refusals, that also might suggest a source of serious bias. In fact, however, the reasons for a school refusing to participate are varied and are often a function of happenstance events; only a small proportion specifically object to the drug content of the survey. Thus we feel fairly confident that school refusals have not seriously biased the surveys.

Student Participation. Completed questionnaires are obtained from 77% to 83% of all sampled students in participating schools each year. The single most important reason that students are missed is that they are absent from class at the time of data collection; in most cases it is not workable to schedule a special follow-up data collection for absent students. Students with fairly high rates of absenteeism also report above-average rates of drug use; therefore, there is some degree of bias introduced by missing the absentees. Much of that bias could be corrected through the use of special weighting; however, we decided not to do so because the bias in overall drug use estimates was determined to be quite small, and because the necessary weighting procedures would have introduced undesirable complications (see Appendix A for a discussion of this point).

In addition to absenteeism, student nonparticipation occurs because of schedule conflicts with school trips and other activities which tend to be more frequent than usual during the final months of senior year. Of course, some students are not absent from class, but simply refuse to complete or turn in the questionnaire. However, the SRC representatives in the field estimate this proportion to be only 1 percent or less of the target sample.

Validity of Self-Report Data. Survey measures of drug use depend upon respondents reporting what are, in many cases, illegal acts. Thus a critical question is whether such self-reports are likely to be valid. We have no direct, objective validation of the present measures; however, the considerable amount of inferential evidence which exists strongly suggests that these self-report questions produce largely valid data. In particular, the low rate of nonresponse on the drug questions, the large proportion admitting to some illicit drug use, the consistency of findings across several years of the present study, the close match between our data and the findings from other studies using other methods, the strong relationships found to exist between the drug use measures and other variables theoretically and logically assumed to be related to them, the tendency for indirect indicators of use (e.g., reported friends use) to show highly parallel trends to those found with the self-report measures, and the findings from several methodological studies which have used objective validation methods all leave us reasonably confident about the validity of the measures used here. (See Appendix A for a more complete discussion of these points.)

Accuracy of the Sample. A sample survey never can provide the same level of accuracy as would be obtained if the entire target population were to participate in the survey—in the case of the present study, about three million seniors per year. But perfect accuracy of this sort would be extremely expensive, and certainly not worthwhile considering the fact that a high level of accuracy can be provided by a carefully designed probability sample. The accuracy of the sample in this study is affected both by size of the student sample and by the number of schools in which they are clustered. Appendix B presents a discussion of the ways in which this clustering and other aspects of the sampling design are taken into account in computing the precision or accuracy of the samples. For purposes of this introduction, it is sufficient to note that drug use estimates based on the total sample for 1981 have confidence intervals that average about ±1% (as shown in Table 1, confidence intervals vary from ±2.2% to smaller than ±0.2%, depending on the drug). This means that had we been able to invite all schools and all seniors in the 48 coterminous states to participate, the results from such a massive survey should be within about one percentage point of our present findings for most drugs at least 95 times out of 100. We consider this to be a high level of accuracy, and one that permits the detection of fairly small changes from one year to the next.

Consistency and the Measurement of Trends. One other point is worth noting in a discussion of the validity of our findings. The Monitoring the Future project is, by intention, a study designed to be sensitive to changes from one time to another. Accordingly, the measures and procedures have been standardized and applied consistently across each data collection. To the extent that any biases remain because of limits in school and/or student participation, and to the extent that there are distortions (lack of validity) in the responses of some students, it seems very likely that such problems will exist in much the same way from one year to the next. In other words, biases in the survey estimates will tend to be consistent from one year to another, which means that our measurement of trends should be affected very little by any such biases.

A Caution about the Stimulant Results

In reporting their psychotherapeutic drug use, respondents are instructed to exclude not only medically supervised use, but also any use of over-the-counter (i.e., non-prescription) drugs. However, we believe that some of those reporting stimulant (amphetamine) use in the last few years have erroneously included the use of over-the-counter stay-awake and diet pills, as well as other pills intentionally manufactured to look like amphetamines, and sold under names which sound like them, but which contain no controlled substances. (Legislative and enforcement efforts are now underway in a number of states to stop the manufacture and mail-order distribution of these latter "look-alike, sound-alike" pseudo-amphetamines.) The advertising and sales of over-the-counter diet pills (most of which contain the mild stimulant phenylpropanolamine, and some of which also contain caffeine) have burgeoned over the last two years, as has also been true for the "sound-alike, look-alike" pills (most of which contain caffeine). The inclusion of these non-controlled stimulants in the responses from recent surveys may account for some or all of the observed sharp rise in reported amphetamine use. Therefore, the reader is advised to view the recent amphetamine use statistics with some caution.*

An upward bias of the sort just described would affect not only the stimulant (amphetamine) trend statistics, but also trend statistics for the composite index entitled "use of any illicit drug other than marijuana." Since this index has been used consistently in this monograph series to compare important subgroups (such as those defined by sex, region, college plans, etc.) we now are including adjusted values based on calculations in which amphetamines have been excluded. In other words the adjusted statistic reflects "use of any illicit drugs other than marijuana or amphetamines." These adjusted values are included to show what would happen if amphetamine use—and any upward biases in trends it might contain—is excluded from the trend statistics.

It is worth noting that the two classes of drug use which are not actually amphetamine use, but which may be inadvertently reported as amphetamine use, reflect two quite different types of behavior. Presumably users of over-the-counter diet and stay-awake pills are using them for functional reasons and not for recreational purposes. On the other hand, it seems likely that most users of the look-alike pseudo-amphetamines are using them for recreational purposes. (In fact, in many cases the user who purchased them on the street may think he or she has the real thing.) Thus, the inclusion of the look-alikes may introduce a bias in the estimates of true amphetamine use, but not in the estimates of a class of behavior—namely, trying to use controlled stimulants for recreational purposes. Some would argue that the latter is the more important factor to be monitoring in any case.

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*A revised and expanded set of questions is being used in the forthcoming 1982 survey of seniors in an effort to separate out, insofar as possible, the use of these other drugs from the use of true amphetamines.

II. Overview Of Key Findings

Several important changes in drug use by American young people have occurred in the last several years. Among them are some substantial declines in the use of certain drugs and a substantial increase in the use of another.

- One of the most important recent changes, from a public health standpoint, is the continuing decline in cigarette smoking by this age group. Since 1977, the proportion of seniors smoking a half-a-pack a day or more has dropped by nearly one-third—that is, from 19.4% in 1977 to 13.5% in 1981. (Smoking one or more cigarettes daily dropped from 29% to 20% over the same period.) While the decline may be slowing, it has certainly been substantial already. We are inclined to attribute this change to a long-term increase in young people's health concerns about smoking and to a shift in peer norms regarding the acceptability of this behavior.

  Regular smoking is now found in about equal proportions between males and females, but in very unequal proportions between the college-bound and the noncollege-bound. Of those planning to complete four years of college, only 8% smoke half-a-pack a day, versus 21% for those not planning on college. Regular smoking in this age group also tends to be unusually low in the Western region of the country (7%).

- Another change which bodes well for the present and future health of American young people is a sharp drop in daily (or near daily) marijuana use—which we define as use on twenty or more occasions in the prior thirty days. At its peak in 1978, daily use stood at nearly 11% of all seniors, after almost doubling in the prior three years. Since 1978, the daily use statistic has dropped back, by about one-third, to 7% in 1981. This still means, of course, that one in every fourteen seniors uses marijuana on a daily or near daily basis; nevertheless, that is a substantial improvement over one in every nine. As with cigarette smoking, this change appears attributable to a substantial and continuing increase in health concerns related to regular use of this drug, as well as to a decrease in perceived peer acceptance. The proportion of seniors attributing "great risk" to regular marijuana use has risen by 23% in the last three years (from 35% to 58%) and three-quarters of all seniors now think their close friends would disapprove such behavior.

- The proportion of students using marijuana at any level is also declining, though less dramatically than daily use. (Annual use is down from 51% in 1979 to 46% in 1981.) Further, users today do not report getting as high, or staying high as long, as did users a few years ago—suggesting some moderation in behavior, even among the users.

- PCP—which is certainly less widely used than marijuana, but still of great concern to health professionals—is another drug for which there is a significant and ongoing drop in use. In just two years, the annual usage statistics have dropped by more than one-half—from 7.0% in 1979 to 3.2% in 1981. Though we lack direct measures of students' health concerns regarding this drug, we are inclined to believe that it achieved a reputation as a particularly dangerous drug, which could well explain the sharp fall-off in use.

- The one other class of drugs showing a sharp decline at present is the amyl and butyl nitrites, inhalants which are known on the street by names like "poppers," "snappers," Locker Room, and Rush. Since 1979 the number of seniors using during the prior year dropped by almost half, from 6.5% in 1979 to 3.7% in 1981.

- In the case of tranquilizers a much more gradual decline, which began in 1978, continued into 1981. Across the last four years the annual usage statistic for non-medically-supervised tranquilizer use has fallen from 11% to 8%.

- Not all drugs showed a decline in use; three important ones, heroin, barbiturates, and LSD, remained quite steady this year, although this follows on an earlier period of decline for each of these drugs. (In the case of LSD, the degree and duration of the highs experienced by recent users did continue their earlier decline.)

- The use of opiates other than heroin remained steady this year, as it has since 1975, though the degree and duration of the highs experienced by users have both dropped over that period.

- Another drug which has remained fairly steady for the last two years, after a sharp rise in popularity, is cocaine. Between 1976 and 1979 the proportion of seniors using cocaine during the prior year doubled, from 6% to 12%. Since then, however, that statistic has increased by only four-tenths of one percent for the nation as a whole.* Cocaine users today indicate that they do not usually stay high as long as did seniors in earlier classes.

- Only amphetamines showed a statistically significant increase this year. However, amphetamine use is of considerable importance, since this is the most widely used class of illicit drugs other than marijuana. One-third of all 1981 seniors (32%) indicate having at least tried them without medical supervision, and one-sixth (16%) say they have used in the past month. All of these statistics show a continuing increase over the past three years, but a particularly sharp increase from 1980 to 1981. (For example, lifetime prevalence rose by 6% this year, annual prevalence by 5%, and monthly prevalence by 4%.)

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*This finding obscures the fact, however, that cocaine use has continued to rise in two regions (the West and Northeast) while falling in the other two (the South and North Central). The result is some very large regional differences in the use of this drug.

As is discussed elsewhere in this report, we think these sharp upward trends may be exaggerations of the true amphetamine use trends. In the past two years there has been a large increase in the sales of over-the-counter stimulants (diet pills and stay-awake pills) and of mail-order pseudo-amphetamines (which look like, and have names that sound like, real amphetamines); thus an increased number of users of these non-controlled substances may mistakenly report them under amphetamine use. Certainly, the increase in recreational use is not as large as the above trend figures might suggest, since we know that some of that increase is due to more people using diet aids (mostly females) or over-the-counter stay-awake pills. But some special analyses of related data (reported in Chapter 8) indicate that there has been a real increase in the recreational use of stimulants in this age group as well, although we do not believe that all of these stimulants are actually amphetamines.

- The statistics (except monthly use), on use of the sedative-hypnotic, methaqualone, also continued an earlier rise this year, although it was more gradual than before. Lifetime prevalence now stands at 11% for seniors, up from 8% in 1978.

- All measures of alcohol use remained virtually unchanged, including daily use (which has consistently stayed at about 6% since 1975). Occasional binge drinking—that is, taking five or more drinks in a row at least once during the prior two-week interval—has also remained steady, at 41% of all seniors, since 1979.

- In sum, the use of many illicit drugs has declined, or is declining, significantly from the peak levels during the seventies. Further, the current users of most of these drugs appear to be taking them in somewhat smaller doses or quantities than was true of earlier users, since there has been some drop in the reported degree and duration of the "highs" usually experienced with them. (This is true in the case of marijuana, amphetamines, LSD, cocaine, methaqualone, barbiturates, and opiates other than heroin. It is not true for alcohol, tranquilizers, or hallucinogens other than LSD.)

- Despite these tangible improvements, it is still the case that illicit drug use is extremely prevalent among American young people of high school age. In the graduating class of 1981, two-thirds (66%) admitted to at least some illicit use of a drug, and we consider that a conservatively low estimate. While a third of these (23% of the total sample) have used only marijuana, and then maybe only a few times, two thirds of them (43% of the sample) have used some other illicit drug(s), usually in addition to marijuana. We judge these still to be very high levels both in absolute terms, and relative to other countries. In fact, they are still probably the highest levels of illicit drug use among young people to be found in any industrialized nation in the world. Thus, while some improvements are definitely beginning to emerge, the problems of drug use and abuse are still a very long way from being solved.

III. Prevalence Of Drug Use And Recent Trends

Chapter 1

SUMMARY ACROSS ALL DRUGS

This chapter presents a summary and integration of the findings contained in the next eleven chapters in this volume, each of which deals with the use of a specific drug. Naturally, not all of the findings contained in the later chapters can be encompassed here, so the reader having an interest in a particular drug is advised to read the relevant chapter, as well. However, this chapter should prove useful for getting an overview as well as for putting the findings concerning any one drug into perspective by comparing them with the findings for all of the others.

Further, the information presented here is not simply a compilation of selected statistics from other chapters. An additional drug-use variable has been included which summarizes across the various illicit drugs. Because there is so much overlap in the user groups of the various illicit drugs, one cannot simply sum across them to get a total number of illicit users. Therefore, we have created an illicit drug use index which classifies respondents into one of three categories—(1) those who report using no illicit drugs during the time interval in question, (2) those who report using marijuana, but no other illicit drug during the time interval, and (3) those who reporting using any illicit drug other than marijuana during the time interval. People in the third category may or may not use marijuana in addition to the other illicit drug(s)—though most do. This index can be used to classify respondents based on their behavior during any relevant time interval. In this chapter, we classify respondents on it based on their pattern of use in their lifetime and also on their pattern of use in the past twelve months.

Summarized below are the major findings from the study concerning the current prevalence of licit drug use as well as overall and specific types of illicit use, recent trends in prevalence, and important differences among subgroups in the population (based on sex, college plans, region of the country, and population density or urbanicity). Also summarized are the key findings regarding grade of first use of drugs, and the intensity and duration of the "highs" usually experienced with them.

PREVALENCE OF DRUG USE

This section summarizes the levels of drug use reported by the class of 1981. Data are included for lifetime use, use during the past year, use during the past month, and daily use. There is also a comparison of key subgroups in the population (based on sex, college plans, region of the country, and population density or urbanicity).

Prevalence of Drug Use in 1981: All Seniors

Lifetime, Monthly, and Annual Prevalence	Table(s)
• Two-thirds of all seniors (66%) report illicit drug use at some time in their lives. However, a substantial proportion of them have used only marijuana (23% of the sample or 35% of all illicit users).	10a

TABLE 1-1

Prevalence (Percent Ever Used) of Sixteen Types of Drugs: Observed Estimates and 95% Confidence Limits (1981)

(Approx. N = 17500)

	Lower limit	Observed estimate	Upper limit
Marijuana/Hashish	57.3	59.5	61.7
Inhalants	11.5	12.3	13.2
Inhalants Adjusted[a]	*16.4*	*17.4*	*18.4*
Amyl & Butyl Nitrites[b]	8.7	10.1	11.7
Hallucinogens	12.1	13.3	14.6
Hallucinogens Adjusted[c]	*14.5*	*15.7*	*17.0*
LSD[b]	8.8	9.8	10.9
PCP[b]	6.4	7.8	9.4
Cocaine	15.3	16.5	17.8
Heroin	0.9	1.1	1.4
Other opiates[d]	9.3	10.1	11.0
Stimulants[d]	30.6	32.2	33.9
Sedatives[d]	14.8	16.0	17.3
Barbiturates[d]	10.3	11.3	12.4
Methaqualone[d]	9.6	10.6	11.7
Tranquilizers[d]	13.5	14.7	16.0
Alcohol	91.4	92.6	93.6
Cigarettes	69.3	71.0	72.6

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[a] Adjusted for underreporting of amyl and butyl nitrites. See text for details.

[b] Data based on a single questionnaire form. N is one-fifth of N indicate

[c] Adjusted for underreporting of PCP. See text for details.

[d] Only drug use which was not under a doctor's orders is included here.

TABLE 1-2

Prevalence (Percent Ever Used) and Recency of Use of Sixteen Types of Drugs (1981)

(Approx. N = 17500)

	Ever used	Past month	Past year, not past month	Not past year	Never used
Marijuana/Hashish	59.5	31.6	14.5	13.4	40.5
Inhalants	12.3	1.5	2.6	8.2	87.7
Inhalants Adjusted[a]	*17.4*	*2.3*	*3.7*	*11.4*	*82.6*
Amyl & Butyl Nitrites[b]	10.1	1.4	2.3	6.4	89.9
Hallucinogens	13.3	3.7	5.3	4.3	86.7
Hallucinogens Adjusted[c]	*15.7*	*4.4*	*5.7*	*5.6*	*84.3*
LSD	9.8	2.5	4.0	3.3	90.2
PCP[b]	7.8	1.4	1.8	4.6	92.2
Cocaine	16.5	5.8	6.6	4.1	83.5
Heroin	1.1	0.2	0.3	0.6	98.9
Other opiates[d]	10.1	2.1	3.8	4.2	89.9
Stimulants[d]	32.2	15.8	10.2	6.2	67.8
Sedatives[d]	16.0	4.6	5.9	5.5	84.0
Barbiturates[d]	11.3	2.6	4.0	4.7	88.7
Methaqualone[d]	10.6	3.1	4.5	3.0	89.4
Tranquilizers[d]	14.7	2.7	5.3	6.7	85.3
Alcohol	92.6	70.7	16.3	5.6	7.4
Cigarettes	71.0	29.4	(41.6)[e]		29.0

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[a] Adjusted for underreporting of amyl and butyl nitrites (see text).

[b] Data based on a single questionnaire form. N is one-fifth of N indicated.

[c] Adjusted for underreporting of PCP (see text).

[d] Only drug use which was not under a doctor's orders is included here.

[e] The combined total for the two columns is shown because the question asked did not discriminate between the two answer categories.

Table(s)

- About four in every ten seniors (43%) report using an illicit drug other than marijuana at some time.* 10a

- Figure A gives a ranking of the various drug classes on the basis of their lifetime prevalence figures.

- Marijuana is by far the most widely used illicit drug with 60% reporting some use in their lifetime, 46% reporting some use in the past year, and 32% use in the past month. 2

- The most widely used class of other illicit drugs is stimulants (32% lifetime prevalence).** Next come inhalants (adjusted) at 17% and cocaine at 17%. These are followed closely by sedatives at 16%, hallucinogens (adjusted) at 16%, and tranquilizers at 15%.*** 2

- The inhalant estimates have been adjusted upward because we observed that not all users of one subclass of inhalants—amyl and butyl nitrites (described below)—report themselves as inhalant users. Because we included questions specifically about nitrite use for the first time in one 1979 questionnaire form, we were able to discover this problem and make estimates of the degree to which inhalant use was being underreported in the overall estimates. As a result, all prevalence estimates for inhalants have been increased, with the proportional increase being greater for the more recent time intervals because use of the other common inhalants, such as glue and aerosols, is more likely to have been discontinued prior to senior year.

- The specific classes of inhalants known as amyl and butyl nitrites, which are sold legally and go by the street names of "poppers" or "snappers" and such brand names as Locker Room and Rush, have been tried by one in every ten seniors (10%). 2

- We also discovered in 1979, by adding questions specifically about PCP use, that some users of the hallucinogenic drug PCP do not report themselves as users of hallucinogens—even though PCP is explicitly included as an example in the questions about hallucinogens. Thus, since 1979 the 2

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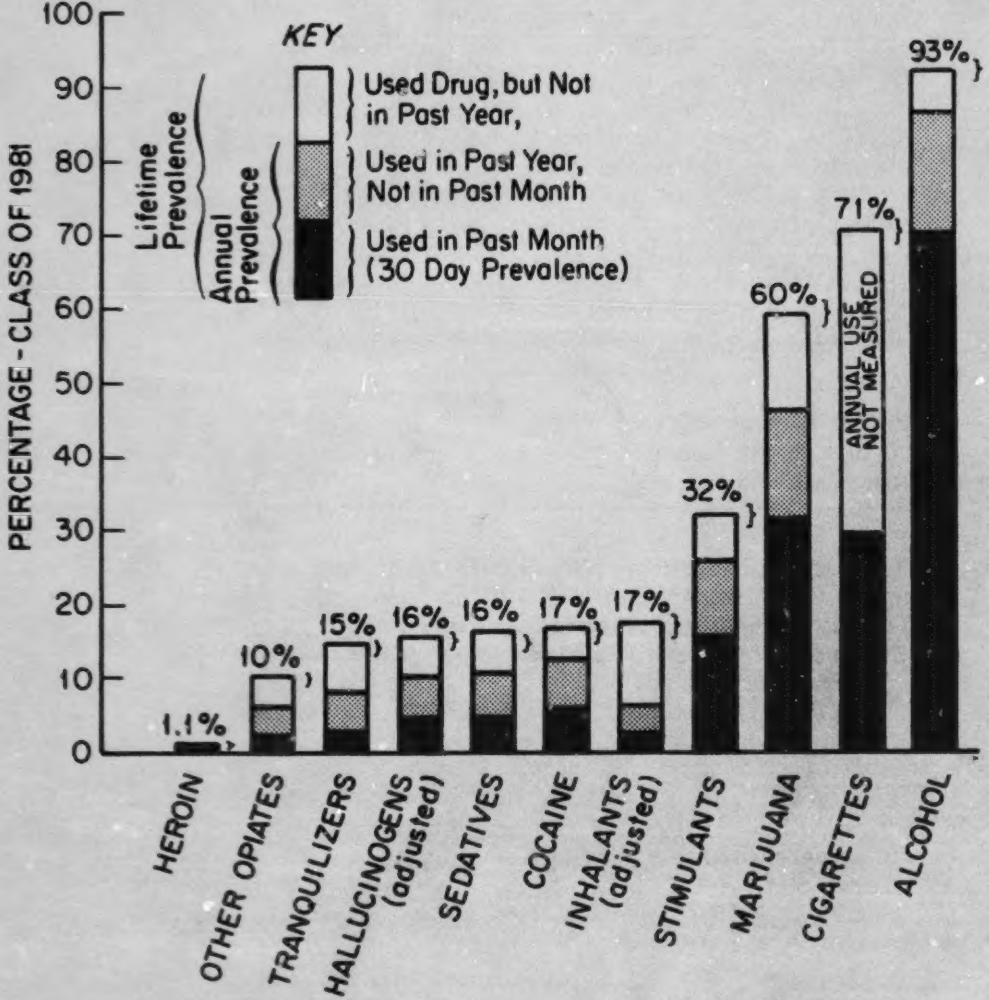
*Use of "other illicit drugs" includes any use of hallucinogens, cocaine, or heroin or any use of other opiates, stimulants, sedatives, or tranquilizers which is not under a doctor's orders.

**Only use which was not medically supervised is included in the figures cited in this chapter.

***See caution at the end of the introductory section concerning the interpretation of stimulant statistics.

FIGURE A

Prevalence and Recency of Use
Eleven Types of Drugs, Class of 1981



NOTES: The bracket near the top of a bar indicates the lower and upper limits of the 95% confidence interval.

Table(s)

hallucinogen prevalence and trend estimates have been adjusted upward to correct for this known underreporting.*

- Lifetime prevalence for the specific hallucinogenic drug PCP now stands at 8%, slightly lower than that of the other most widely used hallucinogen, LSD (lifetime prevalence, 10%). Because PCP is showing a higher rate of discontinuation than LSD, there is an even greater proportional difference in their current usage rates. 2

- Opiates other than heroin have been used by one in ten seniors (10%). 2

- Only 1.1% of the sample admitted to ever using any heroin, the most infrequently used drug. But given the highly illicit nature of this drug, we deem it the most likely to be underreported. 2

- Within the general class "sedatives," the specific drug methaqualone has now been used by about as many seniors (10.6%) as the other, much broader subclass of sedatives, barbiturates (11.3% lifetime prevalence). 2

- The illicit drug classes remain in roughly the same order when ranked by their prevalence in the most recent month and in the most recent year, as the data in Figure A illustrate. The only change in ranking occurs for inhalants, because use of certain of them, like glues and aerosols, tends to be discontinued at a relatively early age. Fig A

- The drug classes with the highest rates of discontinuation of use are heroin (55% of previous users had not used in the past twelve months), inhalants (66% of users, adjusted version), the hallucinogen PCP (59%), and the nitrites specifically (63%). 2 Fig A

- Use of either of the two major licit drugs, alcohol and cigarettes, remains more widespread than use of any of the illicit drugs. Nearly all students have tried alcohol (93%) and the great majority (71%) have used it in the past month. 2

- Some 71% report having tried cigarettes at some time, and 29% smoked at least some in the past month. 2

Daily Prevalence

- Frequent use of these drugs is of greatest concern from a health and safety standpoint. Table 9 and Figure B show the prevalence of daily or near daily use of the various classes of Fig A

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*Because the data to adjust inhalant and hallucinogen use are available from only a single questionnaire form in a given year, the original uncorrected variables will be used in most analyses. We believe relational analyses will be least affected by these underestimates, and that the most serious impact is on prevalence estimates, which from now on will be adjusted appropriately.

FIGURE B

Thirty-Day Prevalence of Daily Use
Eleven Types of Drugs, Class of 1981

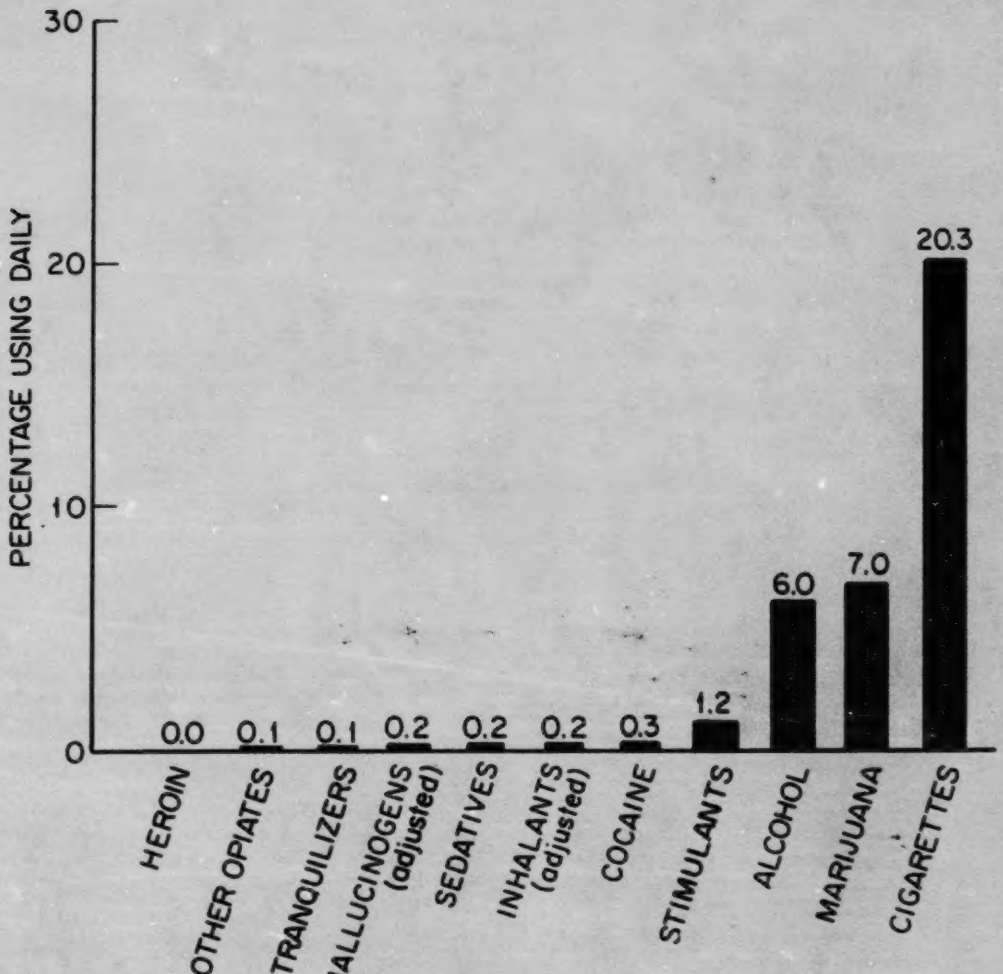

TABLE 1-3

Lifetime Prevalence of Use of Sixteen Types of Drugs by Subgroups, Class of 1981

	Marijuana	Inhalants[a]	Amyl/Butyl Nitrites	Hallucinogens[a]	LSD	PCP	Cocaine	Heroin	Other Opiates	Stimulants	Sedatives	Barbiturates	Methaqualone	Tranquilizers	Alcohol	Cigarettes
All seniors	59.5	12.3	10.1	13.3	9.8	7.8	16.5	1.1	10.1	32.2	16.0	11.3	10.6	14.7	92.6	71.0
Sex:																
Male	62.5	15.3	13.0	15.5	11.7	9.0	18.7	1.2	11.3	30.5	17.5	12.4	12.3	14.4	93.4	68.6
Female	56.2	9.4	7.1	10.6	7.4	6.5	13.8	0.8	8.9	33.5	13.9	9.9	8.5	14.9	91.8	73.3
College Plans:																
None or under 4 yrs	63.5	14.1	11.2	15.7	11.8	10.6	18.1	1.2	11.8	38.3	19.8	14.1	13.4	17.1	92.9	77.0
Complete 4 yrs	55.9	11.0	9.3	11.0	7.8	5.6	14.4	0.9	8.5	27.6	12.7	8.8	8.1	12.9	92.7	66.6
Region:																
Northeast	67.8	15.0	13.3	18.1	12.2	10.6	21.7	1.0	11.7	34.7	17.2	12.1	12.1	15.5	96.4	70.8
North Central	59.9	11.7	10.5	15.3	11.8	7.0	14.0	1.2	10.3	36.2	15.9	12.1	10.1	14.5	94.4	73.8
South	50.8	10.3	7.9	6.6	5.2	5.9	10.0	0.9	7.1	25.2	15.2	10.0	10.6	14.2	88.8	71.0
West	63.2	13.1	9.5	15.5	11.2	9.2	26.4	1.1	13.2	34.5	15.6	11.0	9.3	15.2	90.6	66.1
Population Density:																
Large SMSA	65.9	12.2	10.1	17.6	12.0	9.1	21.9	0.9	11.4	34.2	17.6	11.8	12.8	15.4	94.5	71.4
Other SMSA	59.6	12.2	11.0	13.5	10.5	7.5	15.8	1.0	10.7	31.7	15.8	10.8	10.7	14.8	92.5	69.1
Non-SMSA	54.6	12.5	9.2	9.9	7.2	7.1	13.3	1.3	8.4	31.3	14.9	11.4	8.7	14.2	91.3	73.1

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[a] Unadjusted for known underreporting of certain drugs. See page 20.

Table(s)

drugs. For all drugs, except cigarettes, respondents are considered daily users if they indicate that they had used the drug on twenty or more occasions in the preceding 30 days. For cigarettes, they explicitly state use of one or more cigarettes per day.

- The displays show that cigarettes are used daily by more of the respondents (20%) than any of the other drug classes. In fact, 13.5% say they smoke half a pack or more per day. 12-4 Fig B

- Another important fact is that marijuana is still used on a daily or near daily basis by a substantial fraction of the age group (7.0%). By comparison, 6.0% use alcohol that often. Fig B

- Less than 1.3% of the respondents report daily use of any one of the illicit drugs other than marijuana. Still, 1.2% report unsupervised daily use of amphetamines. (See caution at end of introductory section on stimulant statistics.) The next highest daily use figures are 0.3% for cocaine, 0.2% for inhalants (adjusted), and 0.2% for sedatives. While very low, these figures are not inconsequential, given that 1% of each high school class represents over 30,000 individuals. Fig B

- Tranquilizers and opiates other than heroin are used daily by only about 0.1%, as are the nitrites and hallucinogens (adjusted). Fig B

- Virtually no respondents (less than 0.05%) report daily use of heroin in senior year. However, in the opinion of the investigators heroin is the drug most likely to be underreported in surveys, so this absolute prevalence figure may well be understated. Fig B

- While daily alcohol use stands at 6.0% for this age group, a substantially greater proportion report occasional heavy drinking. In fact, 41% state that on at least one occasion during the prior two-week interval they had five or more drinks in a row. 11-18 Fig B

Prevalence Comparisons for Important Subgroups

Sex Differences

- In general, higher proportions of males than females are involved in drug use, especially heavy drug use; however, this picture is a complicated one. 3,4,5

- Overall marijuana use is somewhat higher among males, and daily use of marijuana is about twice as frequent among males (9.6% vs. 4.2% for females). 3,4,5 2-10

- Males also have considerably higher prevalence rates on most other illicit drugs. The annual prevalence for inhalants, 4

TABLE 1-4

Annual Prevalence of Use of Sixteen Types of Drugs by Subgroups, Class of 1981

	Marijuana	Inhalants[a]	Amyl/Butyl Nitrites	Hallucinogens[a]	LSD	PCP	Cocaine	Heroin	Other Opiates	Stimulants	Sedatives	Barbiturates	Methaqualone	Tranquilizers	Alcohol	Cigarettes[b]
All seniors	46.1	4.1	3.7	9.0	6.5	3.2	12.4	0.5	5.9	26.0	10.5	6.6	7.6	8.0	87.0	13.5
Sex:																
Male	49.2	5.1	5.1	10.9	8.0	4.0	13.8	0.6	6.5	24.8	11.6	7.2	8.8	8.0	88.9	12.8
Female	42.5	3.2	2.3	6.8	4.7	2.3	10.4	0.3	5.3	26.9	9.2	5.8	6.2	7.7	85.1	13.8
College Plans:																
None or under 4 yrs	49.7	4.3	4.4	10.7	8.0	4.2	12.4	0.5	7.2	30.9	13.1	8.1	9.8	9.4	87.0	20.8
Complete 4 yrs	42.6	4.0	3.4	7.4	5.0	2.4	11.5	0.5	4.8	22.3	8.3	5.1	5.7	6.9	87.4	7.5
Region:																
Northeast	53.2	5.2	4.0	12.9	9.0	3.5	16.8	0.5	7.2	28.8	11.4	6.8	8.6	8.3	93.8	16.6
North Central	46.8	3.8	3.3	10.3	7.8	3.7	9.4	0.6	6.2	30.1	10.9	7.5	7.5	7.8	89.1	16.0
South	38.0	3.2	3.9	4.1	3.4	2.9	6.8	0.5	4.1	19.6	9.9	5.5	7.7	7.8	90.7	12.0
West	49.6	4.7	3.9	10.4	6.3	2.3	22.1	0.5	7.2	26.6	9.6	6.5	6.0	8.0	84.5	7.3
Population Density:																
Large SMSA	51.4	4.7	3.4	12.0	8.0	3.3	17.5	0.3	6.9	28.0	11.6	6.9	9.0	8.3	90.5	13.4
Other SMSA	46.4	4.0	4.5	9.0	6.9	3.2	11.5	0.5	6.3	25.5	10.8	6.4	7.9	8.1	86.5	12.4
Non-SMSA	41.6	3.7	3.1	6.8	4.9	3.1	9.4	0.7	4.8	25.1	9.3	6.6	6.1	7.5	84.8	13.6

[a] Unadjusted for known underreporting of certain drugs. See page 20.

[b] Based on 30-day prevalence of a half pack a day of cigarettes, or more. Annual prevalence is not available.

Table(s)

hallucinogens, heroin, and the specific drugs PCP, LSD and the nitrites tend to be one and one-half to two times as high among males as among females. Males also report somewhat higher annual rates of use than females for cocaine, methaqualone, barbiturates, and opiates other than heroin. Further, males account for an even greater share of the frequent or heavy users of these various classes of drugs (data not shown).

- Only in the case of stimulants are the annual prevalence rates (as well as frequent usage patterns) higher among females. Annual prevalence is 27% for females vs. 25% for males. We suspect that this difference may, in fact, be an artifact, since substantially more females use over-the-counter diet preparations and may mistakenly include them in their responses. 4

- Despite the fact that all but one of the individual classes of illicit drugs are used more by males than by females, virtually equal proportions (33% for males vs. 34% for females) of both sexes report using some illicit drug other than marijuana during the last year. Even if amphetamine use is excluded from the comparisons (for the reasons mentioned at the end of the introductory section of this report), roughly comparable projections of both sexes (25% for males vs. 22% for females) report using some illicit drug other than marijuana during the year. If one thinks of going beyond marijuana as an important threshold point in the sequence of illicit drug use, then nearly equal proportions of both sexes were willing to cross that threshold at least once during the year. However, on the average the female "users" take fewer types of drugs and use them with less frequency than their male counterparts. 12a,b Fig D

- Frequent use of alcohol tends to be disproportionately concentrated among males. Daily use, for example, is reported by 8.4% of the males but by only 3.4% of the females. Also, males drink large quantities of alcohol in a single sitting more often than do females. 3,4,5 11-10 11-17

- Finally, for cigarettes, there is a very slight sex difference in the prevalence of smoking a half-a-pack or more daily, this time with females showing the higher proportion of users. Of the females, 13.8% smoke this heavily versus 12.8% of the males. There is a larger difference in proportions reporting any use during the past month: 32% of the females versus 27% of the males. 4,5

Differences Related to College Plans

- Overall, seniors who are expecting to complete four years of college (referred to here as the "college-bound") have lower rates of illicit drug use than those not expecting to do so. 3,4,5 Fig G

- Annual marijuana use is reported by 43% of the college-bound vs. 50% of the noncollege-bound. 4

TABLE 1-5

Thirty-Day Prevalence of Use of Sixteen Types of Drugs by Subgroups, Class of 1981

	Marijuana	Inhalants[a]	Amyl/Butyl Nitrites	Hallucinogens[a]	LSD	PCP	Cocaine	Heroin	Other Opiates	Stimulants	Sedatives	Barbiturates	Methaqualone	Tranquilizers	Alcohol	Cigarettes
All seniors	31.6	1.5	1.4	3.7	2.5	1.4	5.3	0.2	2.1	15.8	4.6	2.6	3.1	2.7	70.7	29.4
Sex:																
Male	35.3	1.9	2.2	4.6	3.4	1.7	6.3	0.3	2.4	14.7	5.2	2.9	3.7	2.7	75.7	26.5
Female	27.3	1.1	0.6	2.6	1.4	1.0	5.0	0.1	1.8	16.7	3.9	2.4	2.4	2.6	65.7	31.6
College Plans:																
None or under 4 yrs	36.1	1.6	2.1	4.3	2.9	1.9	5.6	0.3	3.0	19.4	5.8	3.2	4.2	3.3	72.1	38.1
Complete 4 yrs	27.4	1.5	1.0	3.0	2.0	1.0	5.5	0.1	1.4	13.0	3.4	2.0	2.1	2.2	70.0	22.3
Region:																
Northeast	38.2	1.9	0.9	6.3	4.1	1.5	8.1	0.2	2.7	18.4	4.9	2.7	3.4	2.7	80.4	31.5
North Central	33.0	1.5	1.6	4.5	3.3	1.3	3.8	0.2	2.2	18.9	4.6	2.8	3.2	3.0	73.6	32.4
South	24.7	1.2	1.4	1.4	1.1	1.6	2.9	0.2	1.5	11.5	5.0	2.7	3.5	2.6	62.9	28.9
West	32.0	1.7	1.7	2.8	1.1	0.8	12.0	0.2	2.1	14.3	3.2	2.2	1.6	2.3	65.3	21.8
Population Density:																
Large SMSA	36.3	2.1	1.3	5.3	3.3	1.0	8.8	0.2	2.5	17.7	5.0	2.5	3.7	2.9	75.5	30.6
Other SMSA	31.4	1.3	1.5	3.7	2.6	1.5	4.9	0.3	2.2	15.0	4.6	2.5	3.1	2.5	69.1	27.4
Non-SMSA	28.0	1.3	1.4	2.5	1.7	1.5	4.7	0.2	1.6	15.3	4.2	2.9	2.6	2.7	68.9	30.9

[a] Unadjusted for known underreporting of certain drugs. See page 20.

Table(s)

- There is a substantial difference in the proportion of these two groups using *any illicit drug(s) other than marijuana.* In 1981, 30% of the college-bound reported any such behavior in the prior year vs. 38% of the noncollege-bound. (If amphetamine use is excluded from these "other illicit drugs," this difference diminishes to 22% vs. 25%, respectively.) 12a,b

- For most of the specific illicit drugs other than marijuana, annual prevalence is substantially higher among the noncollege-bound. 4

- *Frequent* use of many of these illicit drugs shows even larger contrasts related to college plans. *Daily marijuana* use, for example, is twice as high among those not planning four years of college (9.4%) as among the college-bound (4.8%). 2-10

- Frequent *alcohol* use is also more prevalent among the noncollege-bound. For example, drinking on a daily basis is reported by 7.7% of the non-college bound vs. 4.6% of the college-bound. On the other hand, there are practically no differences between these groups in lifetime, annual, or monthly prevalence. 3,4,5 11-10

- By far the largest difference in substance use between the college and noncollege-bound involves *cigarette* smoking. There is a dramatic difference here, with only 8% of the college-bound smoking a half-a-pack or more daily compared with 21% of the noncollege-bound. 4

Regional Differences

- There are now some fair-sized regional differences in rates of *illicit drug use* among high school seniors. The highest rate is in the Northeast, where 59% say they have used a drug illicitly in the past year, followed by the West with 56%, and the North Central with 53%. The South is somewhat lower than the other regions with only 44% having used any illicit drug. 11a,12a Fig H

- There is also regional variation in terms of the percent using some *illicit drug other than marijuana* in the past year: 39% in the West, 38% in the Northeast, 36% in the North Central, vs. only 26% in the South. (The West comes out highest due in part to its unusual level of cocaine use.) If amphetamine use is excluded from "the use of illicit drugs other than marijuana," the rankings remain the same: 31% in the West, 28% in the Northeast, 23% in the North Central, and 18% in the South. 12a,b

- As Table 4 illustrates, the Northeast shows the highest annual rate of use for many of the individual illicit substances—these include *marijuana*, *inhalants*, the *nitrites* specifically, *hallucinogens*, *LSD* specifically, *alcohol*, and *cigarettes*. The West shows by far the highest level of 4

Table(s)

cocaine use, yet it has the lowest prevalence of PCP and methaqualone use. The South shows the lowest usage levels for marijuana, hallucinogens, inhalants, cocaine, other opiates, and stimulants. Barbiturates and tranquilizers have roughly equal prevalence rates across all regions of the country. (All of these are replications of last year's findings).*

- Alcohol use tends to be somewhat lower in the South and West than it is in the Northeast and North Central. 4

- Again, one of the largest differences occurs for regular cigarette smoking. Smoking half-a-pack or more a day occurs most often in the Northeast (17% of seniors), followed by the North Central (16%), the South (12%), and with the West distinctly lower (7%). This general pattern of regional differences has been replicated consistently since 1975. 4

Differences Related to Population Density

- Three levels of population density (or urbanicity) have been distinguished for analytical purposes: (1) Large SMSA's, which are the twelve largest Standard Metropolitan Statistical Areas in the 1970 Census; (2) Other SMSA's, which are the remaining Standard Metropolitan Statistical Areas; and (3) Non-SMSA's, which are sampling areas not designated as metropolitan.

- Overall illicit drug use is highest in the largest metropolitan areas (58% annual prevalence), slightly lower in the other metropolitan areas (52%), and lowest in the nonmetropolitan areas (47%). 11a,12a Fig I

- The same ranking occurs for the use of illicit drugs other than marijuana: 38% annual prevalence in the largest cities, 33% in the other cities, and 31% in the nonmetropolitan areas. (With amphetamine use excluded, these numbers drop—to 29%, 24%, and 20% respectively—but still remain in the same rank order.) 12a,b Fig I

- For specific drugs, the largest absolute difference associated with urbanicity occurs for marijuana, which has an annual prevalence of 51% in the large cities but only 42% in the nonmetropolitan areas. 4

- Cocaine also shows a strong urbanicity difference; there is almost twice as much use in the large metropolitan areas (17.5%) compared to the non-metropolitan areas (9.4%). The same is true for hallucinogens (12.0% versus 6.8%) and for LSD specifically (8.0% versus 4.9%). 4

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*The replicability of these findings (as well as those presented below for urbanicity) is mentioned here because findings related to region and urbanicity are more subject to sampling error than are findings related to sex, college plans, or other subgroup divisions which cut across all schools in the sample.

Table(s)

- There is some tendency for other types of drug use to be associated positively with urbanicity; however, the relationships are not strong nor always consistent from one year to another. 4

RECENT TRENDS

This section summarizes trends in drug use, comparing the seven graduating classes of 1975 through 1981. As in the previous section, the outcomes discussed include measures of lifetime use, use during the past year, use during the past month, and daily use. Also, trends are compared among the key subgroups.

Trends in Prevalence 1975-1981: All Seniors

Table(s)

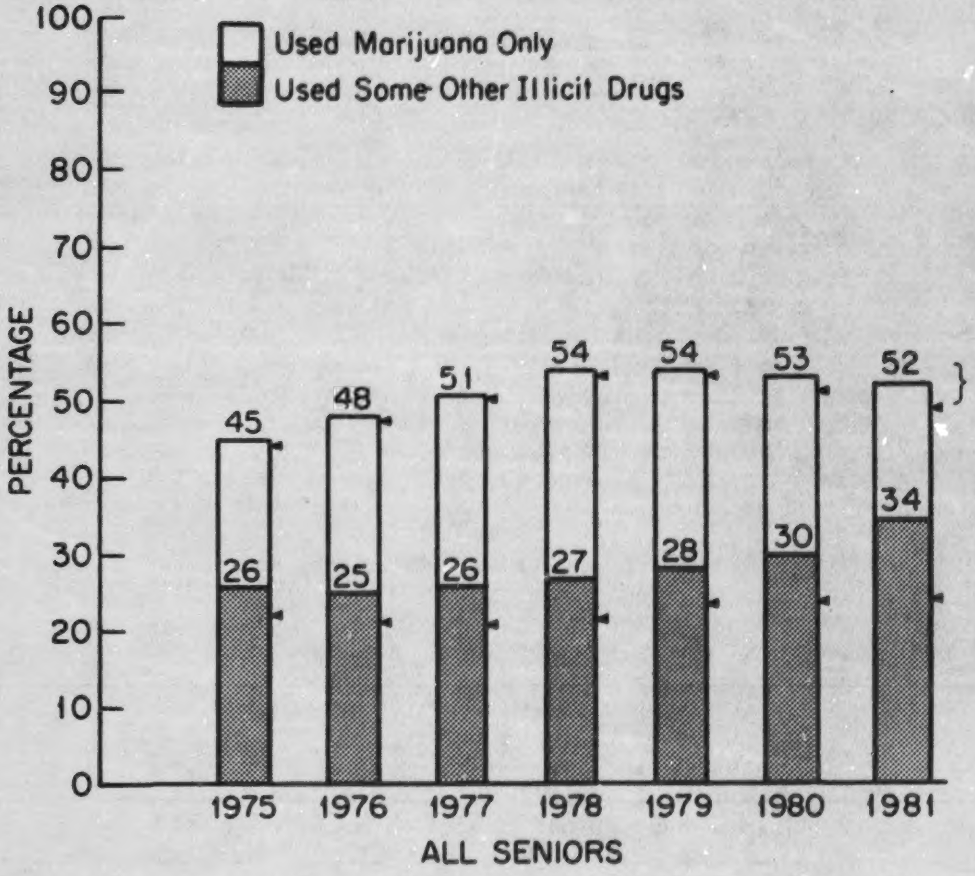
- It appears that 1978 and 1979 marked the crest of a long and dramatic rise in marijuana use among American high school students. Annual and 30-day prevalence of marijuana use hardly changed at all between 1978 and 1979, following a steady rise in the preceding years. In 1980 both statistics dropped for the first time and this year dropped still further. Both are now about 5% below their all-time highs. Lifetime prevalence, which had remained unchanged in 1980, finally began to drop in '81. As we discuss later, there have been some significant changes in the attitudes and beliefs these young people hold in relation to marijuana; these changes suggest that the downward shift in marijuana use is likely to continue. 6,7,8,9

- Of greater importance is the even sharper downward trend now occurring for daily marijuana use. Between 1975 and 1978 there was an almost two-fold increase in daily use. The proportion reporting daily use in the class of 1975 (6.0%) came as a surprise to many. That proportion then rose rapidly, so that by 1978 one in every nine high school seniors (10.7%) indicated that he or she used the drug on a daily or nearly daily basis (defined as use on 20 or more occasions in the last 30 days). In 1979 we reported that this rapid and troublesome increase had come to a halt, with a 0.4% drop occurring that year. In 1980 a larger drop of 1.2% occurred; and this year we report an even larger drop of 2.1%, bringing the daily usage rate down to 7.0%—or about one in every fourteen seniors. As later sections of this report document, much of this reversal appears to be due to increasing concerns about possible adverse effects from regular use, as well as to the perception that peers are now more disapproving of regular marijuana use. 9

- Until 1978, the proportion of seniors involved in any illicit drug use had increased, primarily because of the increase in marijuana use. About 54% of the classes of 1978 and 1979 reported having tried at least one illicit drug during the last year, up from 45% in the class of 1975. Between 1979 and 10a Fig C

FIGURE C

Trends in Annual Prevalence of Illicit Drug Use
All Seniors



NOTES: The bracket near the top of a bar indicates the lower and upper limits of the 95% confidence interval.

Use of "some other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use which is not under a doctor's orders of other opiates, stimulants, sedatives, or tranquilizers.

The arrowheads indicate the percentages which result if stimulants are excluded from the definition of "illicit drugs."

TABLE 1-6

Trends in Lifetime Prevalence of Sixteen Types of Drugs

	Percent ever used							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	
Marijuana/Hashish	47.3	52.8	56.4	59.2	60.4	60.3	59.5	-0.8
Inhalants	NA	10.3	11.1	12.0	12.7	11.9	12.3	+0.4
Inhalants Adjusted[a]	NA	NA	NA	NA	*18.7*	*17.6*	*17.4*	*-0.2*
Amyl & Butyl Nitrites[b]	NA	NA	NA	NA	11.1	11.1	10.1	-1.0
Hallucinogens	16.3	15.1	13.9	14.3	14.1	13.3	13.3	0.0
Hallucinogens Adjusted[c]	NA	NA	NA	NA	*18.6*	*15.7*	*15.7*	*0.0*
LSD	11.3	11.0	9.8	9.7	9.5	9.3	9.8	+0.5
PCP[b]	NA	NA	NA	NA	12.8	9.6	7.8	-1.8s
Cocaine	9.0	9.7	10.8	12.9	15.4	15.7	16.5	+0.8
Heroin	2.2	1.8	1.8	1.6	1.1	1.1	1.1	0.0
Other opiates[d]	9.0	9.6	10.3	9.9	10.1	9.8	10.1	+0.3
Stimulants[d]	22.3	22.6	23.0	22.9	24.2	26.4	32.2	+5.8sss
Sedatives[d]	18.2	17.7	17.4	16.0	14.6	14.9	16.0	+1.1
Barbiturates[d]	16.9	16.2	15.6	13.7	11.8	11.0	11.3	+0.3
Methaqualone[d]	8.1	7.8	8.5	7.9	8.3	9.5	10.6	+1.1
Tranquilizers[d]	17.0	16.8	18.0	17.0	16.3	15.2	14.7	-0.5
Alcohol	90.4	91.9	92.5	93.1	93.0	93.2	92.6	-0.6
Cigarettes	73.6	75.4	75.7	75.3	74.0	71.0	71.0	0.0

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

NA indicates data not available.

[a] Adjusted for underreporting of amyl and butyl nitrites (see text).

[b] Data based on a single questionnaire form. N is one-fifth of N indicated.

[c] Adjusted for underreporting of PCP (see text).

[d] Only drug use which was not under a doctor's orders is included here.

TABLE 1-7

Trends in Annual Prevalence of Sixteen Types of Drugs

	Percent who used in last twelve months							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	
Marijuana/Hashish	40.0	44.5	47.6	50.2	50.8	48.8	46.1	-2.7s
Inhalants[e]	NA	3.0	3.7	4.1	5.4	4.6	4.1	-0.5
Inhalants Adjusted[a]	NA	NA	NA	NA	*9.2*	*7.8*	*6.0*	*-1.8*
Amyl & Butyl Nitrites[b]	NA	NA	NA	NA	6.5	5.7	3.7	-2.0ss
Hallucinogens	11.2	9.4	8.8	9.6	9.9	9.3	9.0	-0.3
Hallucinogens Adjusted[c]	NA	NA	NA	NA	*12.8*	*10.6*	*10.1*	*-0.5*
LSD	7.2	6.4	5.5	6.3	6.6	6.5	6.5	0.0
PCP[b]	NA	NA	NA	NA	7.0	4.4	3.2	-1.2s
Cocaine	5.6	6.0	7.2	9.0	12.0	12.3	12.4	+0.1
Heroin	1.0	0.8	0.8	0.8	0.5	0.5	0.5	0.0
Other opiates[d]	5.7	5.7	6.4	6.0	6.2	6.3	5.9	-0.4
Stimulants[d]	16.2	15.8	16.3	17.1	18.3	20.8	26.0	+5.2sss
Sedatives[d]	11.7	10.7	10.8	9.9	9.9	10.3	10.5	+0.2
Barbiturates[d]	10.7	9.6	9.3	8.1	7.5	6.8	6.6	-0.2
Methaqualone[d]	5.1	4.7	5.2	4.9	5.9	7.2	7.6	+0.4
Tranquilizers[d]	10.6	10.3	10.8	9.9	9.6	8.7	8.0	-0.7
Alcohol	84.8	85.7	87.0	87.7	88.1	87.9	87.0	-0.9
Cigarettes	NA	NA	NA	NA	NA	NA	NA	NA

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

NA indicates data not available.

[a] Adjusted for underreporting of amyl and butyl nitrites (see text).

[b] Data based on a single questionnaire form. N is one-fifth of N indicated.

[c] Adjusted for underreporting of PCP (see text).

[d] Only drug use which was not under a doctor's orders is included here.

[e] Data based on four questionnaire forms. N is four-fifths of N indicated.

TABLE 1-8

Trends in Thirty-Day Prevalence of Sixteen Types of Drugs

	Percent who used in last thirty days							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	
Marijuana/Hashish	27.1	32.2	35.4	37.1	36.5	33.7	31.6	-2.1s
Inhalants	NA	0.9	1.3	1.5	1.7	1.4	1.5	+0.1
Inhalants Adjusted[a]	NA	NA	NA	NA	*3.1*	*2.7*	*2.3*	*-0.4*
Amyl & Butyl Nitrites[b]	NA	NA	NA	NA	2.4	1.8	1.4	-0.4
Hallucinogens	4.7	3.4	4.1	3.9	4.0	3.7	3.7	0.0
Hallucinogens Adjusted[c]	NA	NA	NA	NA	*5.5*	*4.4*	*4.4*	*0.0*
LSD	2.3	1.9	2.1	2.1	2.4	2.3	2.5	+0.2
PCP[b]	NA	NA	NA	NA	2.4	1.4	1.4	0.0
Cocaine	1.9	2.0	2.9	3.9	5.7	5.2	5.8	+0.6
Heroin	0.4	0.2	0.3	0.3	0.2	0.2	0.2	0.0
Other opiates[d]	2.1	2.0	2.8	2.1	2.4	2.4	2.1	-0.3
Stimulants[d]	8.5	7.7	8.8	8.7	9.9	12.1	15.8	+3.7sss
Sedatives[d]	5.4	4.5	5.1	4.2	4.4	4.8	4.6	-0.2
Barbiturates[d]	4.7	3.9	4.3	3.2	3.2	2.9	2.6	-0.3
Methaqualone[d]	2.1	1.6	2.3	1.9	2.3	3.3	3.1	-0.2
Tranquilizers[d]	4.1	4.0	4.6	3.4	3.7	3.1	2.7	-0.4
Alcohol	68.2	68.3	71.2	72.1	71.8	72.0	70.7	-1.3
Cigarettes	36.7	38.8	38.4	36.7	34.4	30.5	29.4	-1.1

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

NA indicates data not available.

[a] Adjusted for underreporting of amyl and butyl nitrites (see text).

[b] Data based on a single questionnaire form. N is one-fifth of N indicated.

[c] Adjusted for underreporting of PCP (see text).

[d] Only drug use which was not under a doctor's orders is included here.

TABLE 1-9

Trends in Thirty-Day Prevalence of Daily Use of Sixteen Types of Drugs

	Percent who used daily in last thirty days							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	
Marijuana/Hashish	6.0	8.2	9.1	10.7	10.3	9.1	7.0	-2.1sss
Inhalants	NA	0.0	0.0	0.1	0.0	0.1	0.1	0.0
Inhalants Adjusted[a]	NA	NA	NA	NA	*0.1*	*0.2*	*0.2*	*0.0*
Amyl & Butyl Nitrites[b]	NA	NA	NA	NA	0.0	0.1	0.1	0.0
Hallucinogens	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0
Hallucinogens Adjusted[c]	NA	NA	NA	NA	*0.2*	*0.2*	*0.1*	*-0.1*
LSD[b]	0.0	0.0	0.0	0.0	0.0	0.0	0.1	+0.1
PCP[b]	NA	NA	NA	NA	0.1	0.1	0.1	0.0
Cocaine	0.1	0.1	0.1	0.1	0.2	0.2	0.3	+0.1
Heroin	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other opiates[d]	0.1	0.1	0.2	0.1	0.0	0.1	0.1	0.0
Stimulants[d]	0.5	0.4	0.5	0.5	0.6	0.7	1.2	+0.5sss
Sedatives[d]	0.3	0.2	0.2	0.2	0.1	0.2	0.2	0.0
Barbiturates[d]	0.1	0.1	0.2	0.1	0.0	0.1	0.1	0.0
Methaqualone[d]	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0
Tranquilizers[d]	0.1	0.2	0.3	0.1	0.1	0.1	0.1	0.0
Alcohol	5.7	5.6	6.1	5.7	6.9	6.0	6.0	0.0
Cigarettes	26.9	28.8	28.8	27.5	25.4	21.3	20.3	-1.0s

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

NA indicates data not available.

[a] Adjusted for underreporting of amyl and butyl nitrites (see text).

[b] Data based on a single questionnaire form. N is one-fifth of N indicated.

[c] Adjusted for underreporting of PCP (see text).

[d] Only drug use which was not under a doctor's orders is included here.

Table(s)

1980, however, the proportion reporting using any illicit drug during the year dropped by 1%; and it dropped by another 1% again this year. This very gradual reversal appears to be due primarily to the change in marijuana use.

- But, as Figure C illustrates, since 1976 there has been a very gradual, steady increase in the proportion who use some illicit drug other than marijuana—an increase which accelerated considerably this year. The proportion going beyond marijuana in their lifetime has risen from 35% to 43% between 1976 and 1981, and the annual prevalence of such behaviors has risen from 25% to 34%. Most of this rise appeared to be due to the increasing popularity of cocaine with this age group between 1976 and 1979, and then due to the increasing use of stimulants since 1979. 10a Fig C

  However, as stated earlier, we believe that this upward shift has been exaggerated by respondents including instances of using over-the-counter substances in their reports of amphetamine use. (See discussion at the end of the introductory section.) A rather different picture of what trends have been occurring in the proportions using illicit drugs other than marijuana emerges when self-reported amphetamine use is excluded from the calculations altogether. (This obviously understates the percent using illicits other than marijuana in any given year, but it might yield a more accurate picture of trends in proportions.) Figure C (and other figures to follow) have been annotated with small markings next to each year's bar, showing where the shaded area would stop if amphetamines were excluded. The trend in these markings shows that the proportion going beyond marijuana to illicits other than amphetamines has been virtually constant since 1979 and, in fact, has risen only 1.4% since 1975. 10b Fig C

- Although the overall proportion using illicit drugs other than marijuana has changed fairly gradually during recent years, more varied and turbulent changes have been occurring for specific drugs within the class. (See Tables 6, 7, and 8 for trends in lifetime, annual, and monthly prevalence figures for each class of drugs.) 6,7,8

- From 1976 to 1979 cocaine exhibited a dramatic and accelerating increase in popularity, with annual prevalence going from 6% in the class of 1976 to 12% in the class of 1979—a two-fold increase in just three years. This rise nearly halted in 1980, however. This year, current (30-day) prevalence is only .1% higher than it was two years ago, annual prevalence only .4% higher, and lifetime prevalence 1.1% higher (at 16.5%). 6,7,8

- Like cocaine use, inhalant use had been rising steadily in the mid 1970's, though more slowly and from a lower overall level. Annual prevalence (in the unadjusted version) rose 7

TABLE 1-10a

Trends in Lifetime and Annual Prevalence of Illicit Drug Use; Use of Marijuana Only and of Use of any Other Illicit Drug[a]

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
	Percent reporting use in lifetime							
Marijuana Only	19.0	22.9	25.8	27.6	27.7	26.7	22.8	-3.9sss
Any Illicit Drug Other Than Marijuana[a]	36.2	35.4	35.8	36.5	37.4	38.7	42.8	+4.1sss
Total: Any Illicit Drug Use	55.2	58.3	61.6	64.1	65.1	65.4	65.6	+0.2
Approx. N =	(9400)	(15500)	(17200)	(17800)	(15500)	(15900)	(17500)	
	Percent reporting use in the last twelve months							
Marijuana Only	18.8	22.7	25.1	26.7	26.0	22.7	18.1	-4.6sss
Any Illicit Drug Other Than Marijuana[a]	26.2	25.4	26.0	27.1	28.2	30.4	34.0	+3.6sss
Total: Any Illicit Drug Use	45.0	48.1	51.1	53.8	54.2	53.1	52.1	-1.0
Approx. N =	(9300)	(15200)	(16900)	(17800)	(15500)	(15900)	(17500)	

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

See Appendix D for definition of variables in table.

[a] Use of "other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, sedatives, or tranquilizers not under a doctor's orders.

TABLE 1-10b

Trends in Lifetime and Annual Prevalence of Illicit Drug Use, Amphetamines Excepted; Use of Marijuana Only and of Use of any Other Illicit Drug[a]

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
	Percent reporting use in lifetime							
Marijuana Only	21.8	26.2	29.4	31.5	32.1	31.7	30.5	-1.2
Any Illicit Drug Other Than Marijuana[a]	32.1	31.1	31.3	31.6	32.0	32.1	32.9	+0.8
Total: Any Illicit Drug Use	53.9	57.3	60.7	63.1	64.1	63.8	63.4	-0.4
Approx. N =	(9400)	(15500)	(17200)	(17800)	(15500)	(15900)	(17500)	
	Percent reporting use in the last twelve months							
Marijuana Only	21.7	25.9	28.5	30.5	29.8	27.5	25.3	-2.2s
Any Illicit Drug Other Than Marijuana[a]	22.4	21.3	21.8	22.3	23.5	23.8	23.8	0.0
Total: Any Illicit Drug Use	44.1	47.2	50.3	52.8	53.3	51.3	49.1	-2.2s
Approx. N =	(9300)	(15200)	(16900)	(17800)	(15500)	(15900)	(17500)	

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

See Appendix D for definition of variables in table.

[a] Use of "other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use of other opiates, sedatives, or tranquilizers not under a doctor's orders.

Table(s)

from 3.0% in 1976 to 5.4% in 1979. Since then, however, there has been a decline—in part due to a substantial drop in the use of the amyl and butyl nitrites, for which annual prevalence declined from 6.5% in 1979 to 3.7% in 1981.

- Stimulant use, which had remained relatively unchanged 7,8,9 between 1975 and 1978, began to show evidence of a gradual increase in use in 1979. A further increase occurred in 1980, and an even greater increase this year. Since 1976, reported annual prevalence has risen by 10.2% (from 15.8% in 1976 to 26.0% in 1981). Daily use has tripled, from 0.4% in 1976 to 1.2% in 1981. As stated earlier, we think these increases are exaggerated—perhaps sharply exaggerated—by respondents in our more recent surveys including non-amphetamine, over-the-counter diet pills (as well as look-alike and sound-alike pills) in their answers. (A further discussion of this shift is contained in a later section on the degree and duration of highs experienced.) Despite the biases introduced by diet and stay-awake pills, we deduce from some other questions on exposure to people who are taking amphetamines "to get high or for kicks," that there has been a real increase in recreational use over the past year. (See Table 18. See also the section on Degree and Duration of Highs.)*

- For sedatives the sustained, gradual decline between 1975 and 6,7,8 1979 appears to have halted, and perhaps even reversed. Lifetime prevalence dropped steadily from 18.2% in 1975 to 14.6% in 1979, and then began to increase slowly to 16% in 1981. (Annual and monthly prevelance rates showed no appreciable change during the past year.) The overall trend lines for sedatives, however, mask the differential trends occurring for each of its two components. (See Figure E.) Barbiturate use has dropped sharply since 1975, and it continues to drop this year, though more gradually. Methaqualone use, on the other hand, has risen sharply since 1976, and it continues to rise this year—also more gradually. Since methaqualone is used more frequently with cocaine than are barbiturates (data not shown here)—presumably to bring the user "down"—the increase in methaqualone use may be partly due to the recent increases in cocaine use.

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*One way to approach the problem of adjusting the amphetamine use trend lines to correct for the inappropriate inclusion of over-the-counter diet and stay-awake pills, is to exclude from the count any individuals who give dieting and/or staying awake as their only reason(s) for using amphetamines. Such analyses were conducted using the single questionnaire form which asks about reasons for use. The results indicate that the upward sloping trend lines for amphetamine use would be flattened somewhat in their adjusted version, but would still show an increase in use since 1976. With these adjustments, for example, the annual prevalence figures come out as 15% in 1976, rising steadily to 18% in 1980, and then jumping to 23% in 1981. These figures compare with 16%, 21% and 26%, based on all five forms, without any adjustment.

Table(s)

- Tranquilizers continued their steady decline this year—a decline which began in 1977. Annual prevalence has dropped from 11% in 1977 to 8% in 1981. 7
- Between 1975 and 1979 the prevalence of heroin use had been dropping rather steadily. Lifetime prevalence dropped from 2.2% in 1975 to 1.1% in 1979 and annual prevalence has also dropped by half, from 1.0% in 1975 to 0.5% in 1979. This decline halted in 1980 and this year's statistics remained identical to last year's. But perhaps the fact of greatest significance is that use did not increase, considering the greater availability and purity of heroin reported to be entering the United States as a result of instability in the Middle East.* 6,7
- The use of opiates other than heroin continues to remain quite stable, with annual prevalence at or near 6% every year since 1975. 7
- Hallucinogen use (unadjusted for underreporting of PCP) declined some in the middle of the decade (from 11.2% in 1975 to 9.6% in 1978 on annual prevalence), but this decline halted in 1979, and there has been rather little change since. 7
- LSD, one of the major drugs comprising the hallucinogen class, has exhibited a trend pattern which is very similar to that of the class as a whole: that is, there was a decline from 1975 to 1977, but considerable stability since then. 7
- The specific hallucinogen PCP showed a sizeable (and statistically significant) decrease again this year, after an even larger drop in 1980. (Measures for the use of this drug were started in 1979.) Annual prevalence, for example, dropped by one half in just two years, from 7.0% in 1979 to 3.2% in 1981. Oddly, although lifetime and annual prevalence both dropped significantly this year, 30-day prevalence remained stable at 1.4%. 6,7,8
- As can be seen from these varied patterns for the several drug classes, while the overall proportion of seniors using any illicit drugs other than marijuana or amphetamines has not changed a great deal, the mix of drugs they are using obviously has been changing.
- Turning to the licit drugs, between 1975 and 1978 there was a small upward shift in the prevalence of alcohol use (except for daily use) among seniors. To illustrate, the annual prevalence rate rose steadily from 85% in 1975 to 88% in 1978, and monthly prevalence rose from 68% to 72%. Since 1978, however, the alcohol prevalence figures have remained nearly constant. This year there was a small, and not 6,7,8

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*Since the impact to date is alleged to be greatest in the Northeastern cities, we examined heroin statistics in Chapter 6 for the Northeast specifically and found no increase there either.

Table(s)

statistically significant, drop in the lifetime, annual, and 30-day prevalence rates; but it is still too early to tell whether this is due to any real downturn.

- The rate of daily alcohol use, which since 1976 has been exceeded by the daily marijuana use rate in this age group, has remained quite steady at about 6% since our first survey in 1975. In fact, it stands at exactly that number both this year and last. However, there had been some increase in the frequency of binge drinking in the earlier part of that time interval. When asked whether they had taken five or more drinks in a row during the prior two weeks, 37% of the seniors in 1975 said they had. This proportion rose gradually to 41% by 1979, but has remained perfectly constant since. Thus, to answer a frequently asked question, there is no evidence that the currently observed drop in marijuana use is leading to a concomitant increase in alcohol use. 9 11-18

- As for cigarette use, 1976 and 1977 appear to have been the peak years for lifetime, thirty-day, and daily prevalence. (Annual prevalence is not asked.) Over the last four graduating classes, thirty-day prevalence has been dropping, from 38% in the class of 1977 to 29% in the class of 1981. More importantly, daily cigarette use has dropped over that same interval from 29% to 20%, and daily use of half-pack-a-day or more has fallen from 19.4% to 13.5% between 1977 and 1981 (nearly a one-third decrease). The decline appears to be decelerating, with daily use dropping only 1.0% over just the last year. As with daily marijuana use, it appears that these important shifts in daily smoking rates have been in response to both personal concerns about the health consequences of use, and a perceived peer disapproval of regular use—both of which rose steadily until this year, when they leveled. (See the relevant sections below.) Needless to say, these changes are highly significant from both a substantive and statistical point of view. 6,7,8,9 12-4

Trend Comparisons for Important Subgroups

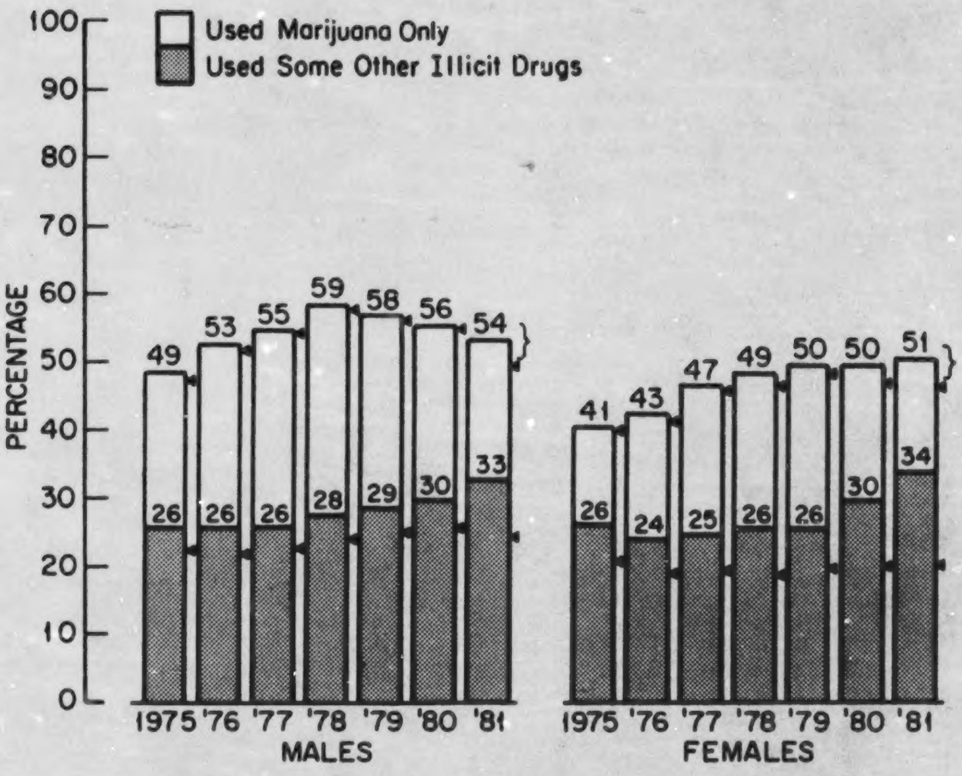
Sex Differences in Trends

- Most of the sex differences mentioned earlier for individual classes of drugs have remained relatively unchanged over the past five years—that is, any trends in overall use have occurred about equally among males and females, as the trend lines in Figures D and E illustrate. There are however, a few exceptions.

- Since 1977, the small sex difference involving tranquilizer use (men this age had used them less frequently than women) has disappeared, due to a faster decline among females. Fig E

FIGURE D

Trends in Annual Prevalence of Illicit Drug Use by Sex



NOTES: The bracket near the top of a bar indicates the lower and upper limits of the 95% confidence interval.

Use of "some other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use which is not under a doctor's orders of other opiates, stimulants, sedatives, or tranquilizers.

The arrowheads indicate the percentages which result if stimulants are excluded from the definition of "illicit drugs."

FIGURE E

Trends in Annual Prevalence of Fifteen Drugs
by Sex

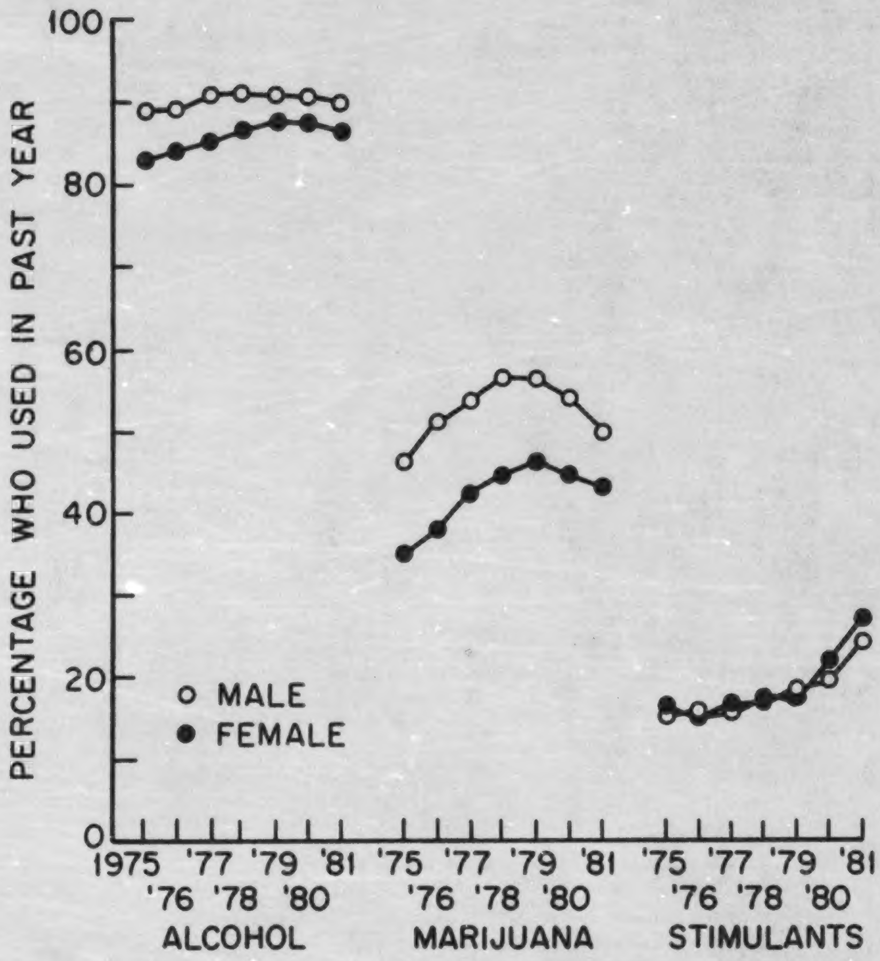


FIGURE E (cont.)

Trends in Annual Prevalence of Fifteen Drugs by Sex

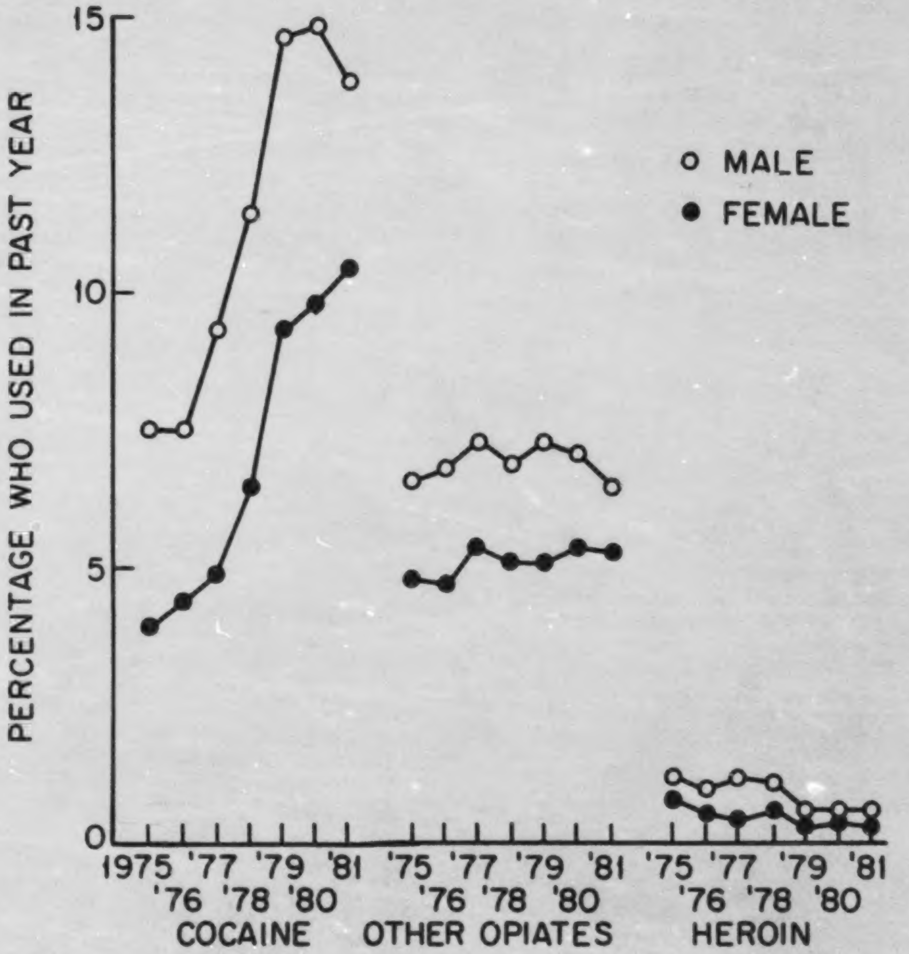


FIGURE E (cont.)

Trends in Annual Prevalence of Fifteen Drugs
by Sex

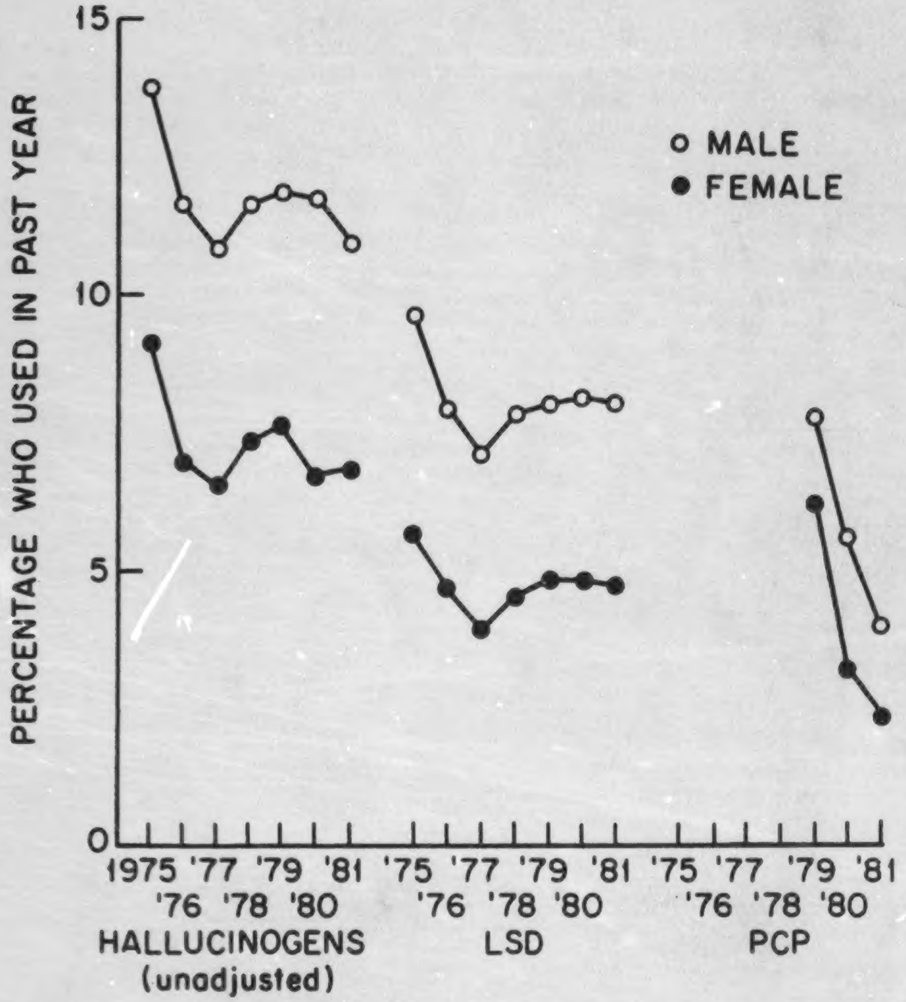


FIGURE E (cont.)

Trends in Annual Prevalence of Fifteen Drugs
by Sex

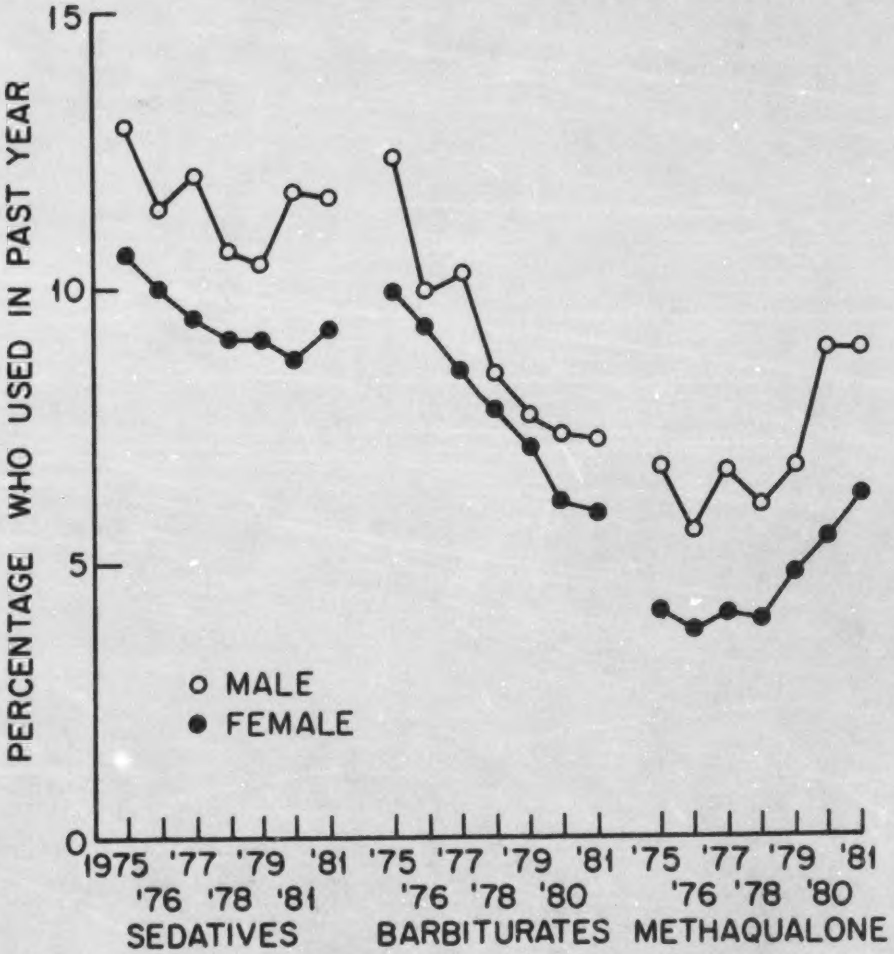


FIGURE E (cont.)

Trends in Annual Prevalence of Fifteen Drugs by Sex

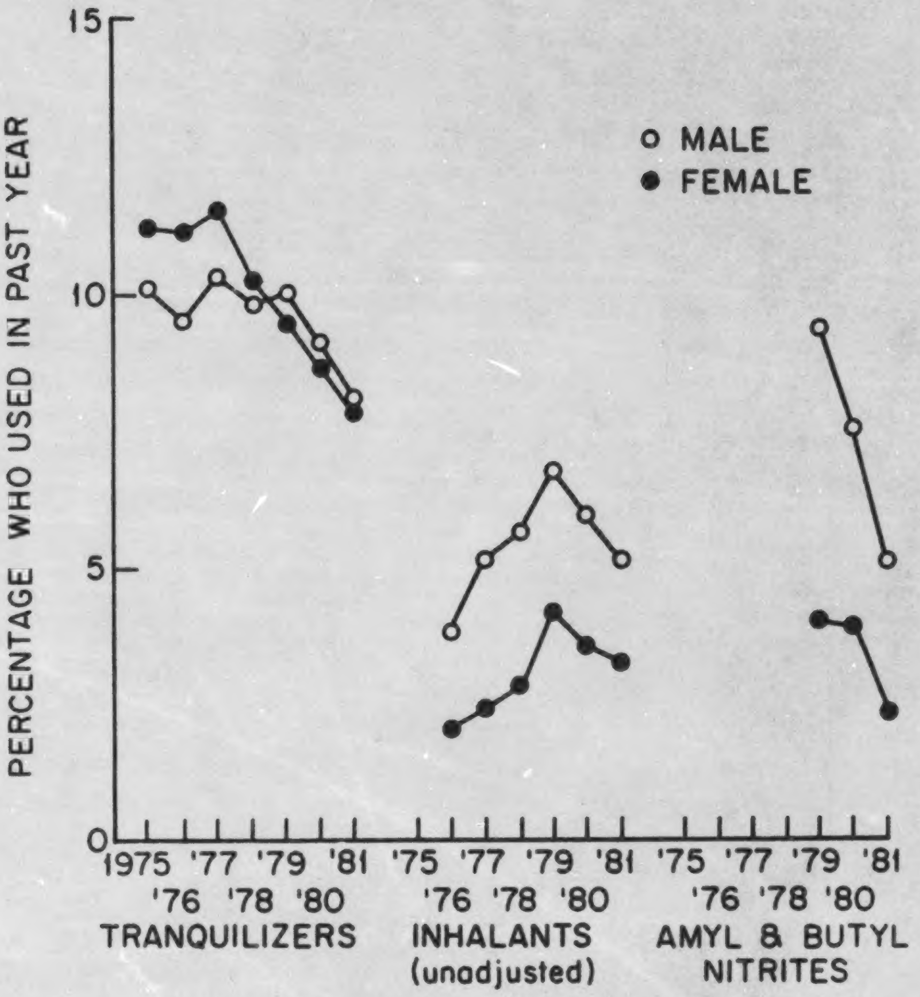
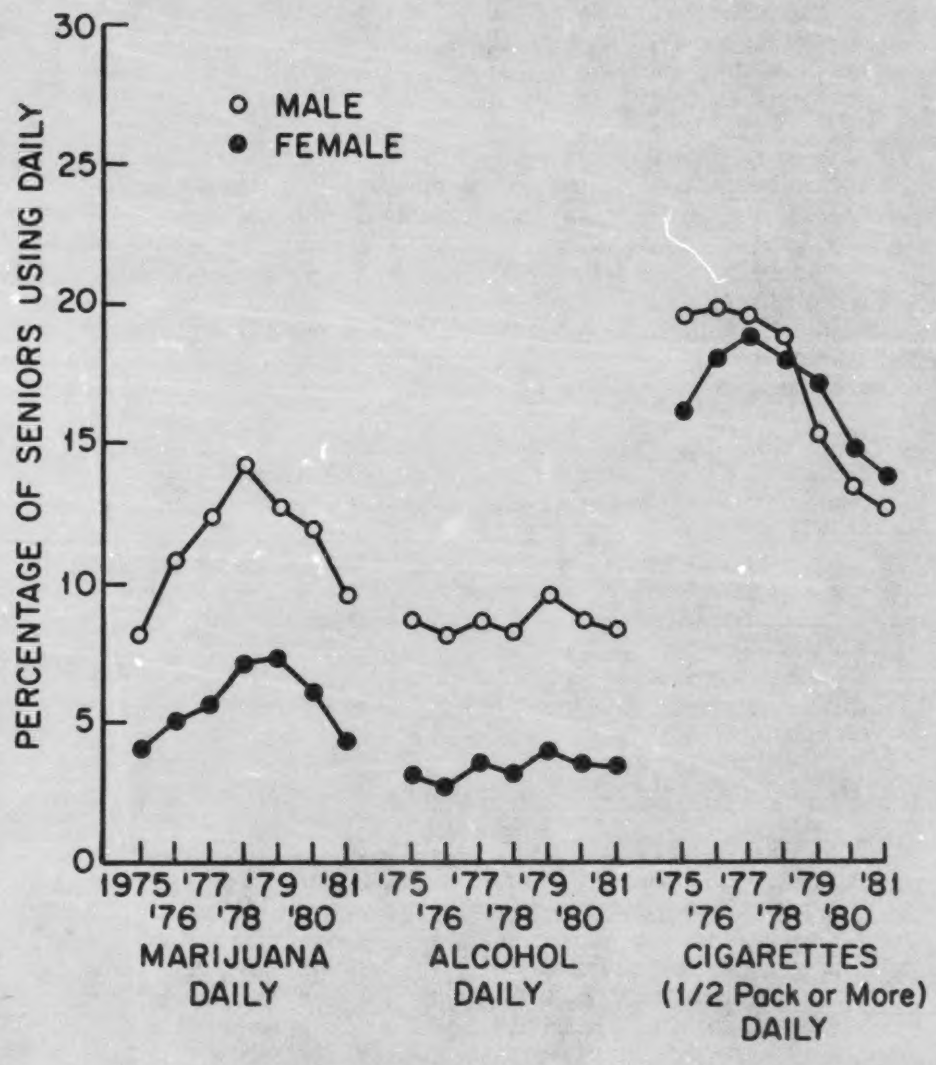


FIGURE F

Trends in Thirty-Day Prevalence of Daily Use of
Marijuana, Alcohol, and Cigarettes
by Sex



NOTE: Daily use for alcohol and marijuana is defined as use on 20 or more occasions in the past thirty days. Daily use of cigarettes is defined as smoking a half-pack or more per day in the past thirty days.

Table(s)

- An examination of the trends in the proportion of each sex using any illicit drug suggests that use has been declining among males since 1978 (from 59% to 54% in 1981) while still increasing slightly among females (from 49% in 1978 to 51% in 1981). However, if amphetamine use is deleted from the statistics (see notations in Figure D) female use peaked in 1979 and then declined as well. (Note that the declines for both males and females are attributable to the declining marijuana use rates.) Obviously, the recent climb in reported amphetamine use has occurred somewhat more among females. For example, between 1978 and 1981 female amphetamine use (lifetime) rose by 10.3% (from 23.2% to 33.5%) while male use rose by 8.2% (from 22.3% to 30.5%). Nevertheless, even with amphetamines excluded, the decline in illicit drug use among males started earlier and has been sharper than among females.

  11a,b
  12a,b
  Fig D
  8-2

- Regarding the apparent parity between the sexes in the trends in the use of illicit drugs other than marijuana, it can be seen in Figure D that, when amphetamine use is excluded from the calculations, somewhat differential trends emerge for males vs. females. This is because there are more females today who use only amphetamines and the exclusion of amphetamines from the calculations results in a virtually stable trend line for females in the use of illicits other than marijuana or amphetamines.

  Fig D
  12a,b

- Regarding cigarette smoking, we observed in 1977 that females for the first time caught up to males at the half-a-pack per day smoking level. Since 1977, both sexes have shown a decline in the prevalence of such smoking, but use among males dropped more in 1979, resulting in a reversal of the sex differences. This year again, both sexes showed a further drop in half-pack-a-day use, and females still remain slightly higher—13.8% vs. 12.8%. (At less frequent levels of smoking there is a somewhat larger sex difference, since there are more occasional female smokers than occasional male smokers.)

  Fig F
  12-2
  12-3
  12-4

Trend Differences Related to College Plans

- Both college-bound and noncollege-bound students have been showing fairly parallel trends in overall illicit drug use over the last several years.*

  Fig G

- Changes in use of the specific drug classes have also been quite parallel for the two groups since 1976, except for sedatives, cocaine, and inhalants.

- Sedative use rose somewhat between 1978 and 1980 among the noncollege segment, while falling slightly among the college-bound. Looking at the two ingredient subclasses of

  9-3
  9-3a,b

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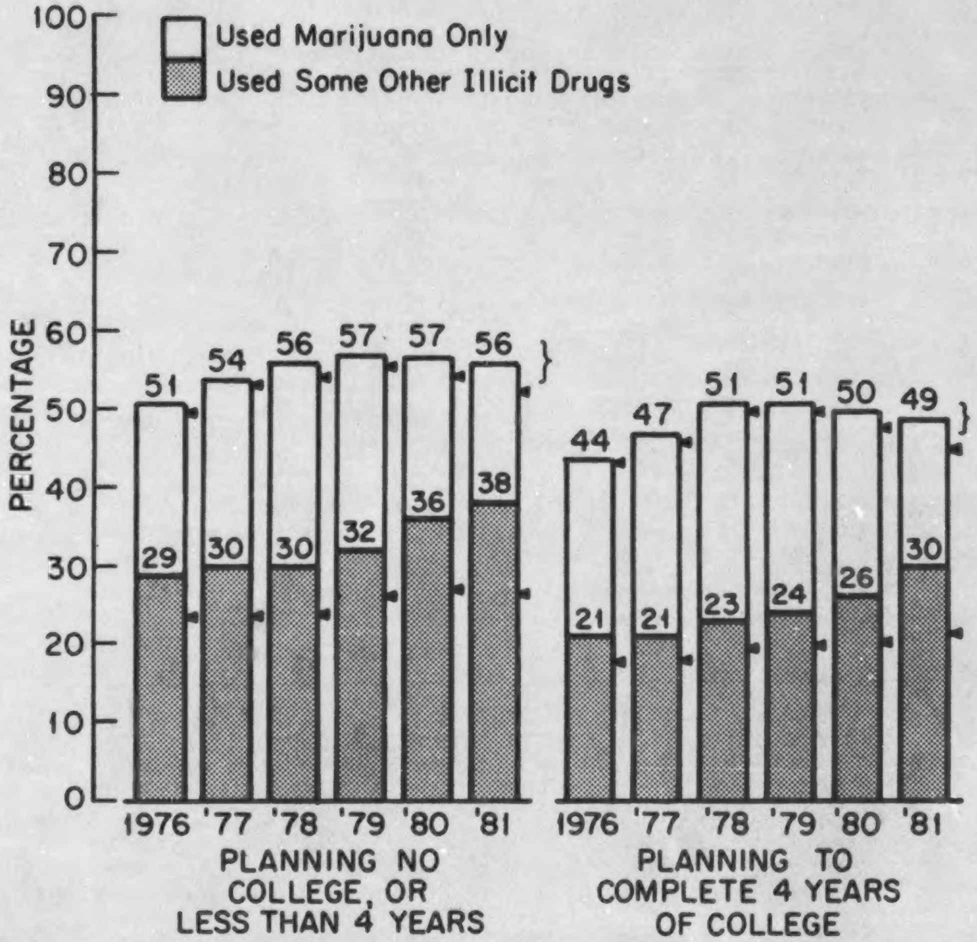
*Because of excessive missing data in 1975 on the variable measuring college plans, group comparisons are not presented for that year.

FIGURE G

Trends in Annual Prevalence of Illicit Drug Use by College Plans



NOTES: The bracket near the top of a bar indicates the lower and upper limits of the 95% confidence interval.

Use of "some other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use which is not under a doctor's orders of other opiates, stimulants, sedatives, or tranquilizers.

The arrowheads indicate the percentages which result if stimulants are excluded from the definition of "illicit drugs."

TABLE 1-11a

Trends in Proportions Using Marijuana but No Other Illicit Drug During the Last Twelve Months by Subgroups

	Percent who used only marijuana in last twelve months							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	18.8	22.7	25.1	26.7	26.0	22.7	18.1	-4.6sss
Sex:								
Male	23.1	26.9	29.1	30.7	28.7	25.8	20.8	-5.0sss
Female	15.2	18.6	21.5	23.1	23.8	19.8	16.5	-3.3ss
College Plans:								
None or under 4 yrs	NA	21.9	24.3	25.5	25.0	20.9	17.5	-3.4ss
Complete 4 yrs	NA	23.4	26.0	27.8	27.0	24.2	18.5	-5.7sss
Region:								
Northeast	25.5	29.2	29.1	30.8	30.9	26.8	20.9	-5.9ss
North Central	16.3	21.5	24.2	27.8	27.4	22.2	17.3	-4.9ss
South	15.6	18.9	23.2	23.6	22.3	21.2	17.6	-3.6s
West	20.1	23.1	24.0	24.5	23.1	20.5	16.8	-3.7
Population Density:								
Large SMSA	24.2	27.2	29.2	30.0	29.2	25.3	19.6	-5.7sss
Other SMSA	18.7	22.0	25.6	27.2	26.5	23.7	18.8	-4.9sss
Non-SMSA	15.4	10.4	21.0	23.3	22.9	19.5	16.3	-3.2s

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 1-11b

Trends in Proportions Using Marijuana But No Other Illicit Drug (With the Possible Exception of Amphetamines) During the Last Twelve Months, by Subgroups

	Percent who used only marijuana (and possibly amphetamines) in last twelve months							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All Seniors	21.7	25.9	28.5	30.5	29.8	27.5	25.3	-2.2s
Sex:								
Male	25.1	29.7	31.7	33.8	31.9	29.4	26.1	-3.3ss
Female	18.9	22.1	25.6	27.6	28.0	25.8	24.8	-1.0
College Plans:								
None or under 4 yrs	NA	25.8	28.9	29.9	29.4	27.0	26.5	-0.5
Complete 4 yrs	NA	25.9	28.3	31.0	30.4	28.1	24.8	-3.3ss
Region:								
Northeast	28.0	31.7	32.5	34.9	35.1	32.1	28.1	-4.0s
North Central	20.3	25.4	28.5	32.3	32.2	27.8	26.9	-0.9
South	17.1	21.2	25.6	26.3	24.6	24.7	23.3	-1.4
West	24.2	27.5	27.6	28.8	27.3	25.4	22.3	-3.1
Population Density:								
Large SMSA	28.3	29.9	32.5	33.9	32.4	30.1	26.4	-3.7s
Other SMSA	21.4	25.4	29.4	30.9	30.6	28.3	25.7	-2.6
Non-SMSA	17.7	23.6	24.1	27.1	26.7	24.4	24.1	-0.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 1-12a

Trends in Proportions Using Any Illicit Drug(s) Other Than Marijuana During the Last Twelve Months by Subgroups

	Percent who used some other illicit drug in last twelve months[a]							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	26.2	25.4	26.0	27.1	28.2	30.4	34.0	+3.6sss
Sex:								
Male	25.9	25.7	26.3	27.9	29.4	30.2	32.8	+2.6s
Female	26.2	24.4	25.3	25.7	26.3	30.0	34.3	+4.3sss
College Plans:								
None or under 4 yrs	NA	28.7	30.0	30.1	31.8	35.5	38.3	+2.8s
Complete 4 yrs	NA	20.9	20.8	22.7	23.5	25.5	30.1	+4.6sss
Region:								
Northeast	26.0	26.1	27.7	30.8	32.0	32.1	38.0	+5.9ss
North Central	29.2	26.1	27.7	26.8	27.6	30.9	36.1	+5.2ss
South	22.5	23.4	22.9	24.0	23.2	25.8	26.1	+0.3
West	28.2	26.6	26.0	28.8	33.3	35.2	38.7	+3.5
Population Density:								
Large SMSA	30.3	27.5	27.1	30.3	32.1	34.6	38.3	+3.7s
Other SMSA	26.3	25.8	26.8	27.3	28.7	30.1	33.3	+3.2s
Non-SMSA	23.4	23.3	24.2	24.2	24.7	27.5	31.4	+3.9s

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] Use of "other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, sedatives, or tranquilizers not under a doctor's order.

TABLE 1-12b

Trends in Proportions Using Any Illicit Drug(s) Other Than Marijuana or Amphetamines During the Last Twelve Months, by Subgroups

	Percent who used some other illicit drug in last twelve months[a]							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	22.4	21.3	21.8	22.3	23.5	23.8	23.8	0.0
Sex:								
Male	23.2	22.4	23.2	24.2	25.6	25.8	25.1	-0.7
Female	21.4	19.7	19.9	19.8	20.7	21.1	2.16	+0.5
College Plans:								
None or under 4 yrs	NA	23.8	24.5	24.3	26.3	27.5	26.3	-1.2
Complete 4 yrs	NA	17.7	17.9	18.7	19.3	19.9	20.9	+1.0
Region:								
Northeast	22.6	23.1	23.4	25.9	27.2	25.3	28.4	+3.1
North Central	24.1	21.4	22.2	21.4	21.9	23.5	22.8	-0.7
South	20.3	20.2	20.0	20.1	19.8	19.8	17.5	-2.3
West	23.0	20.8	21.9	23.1	27.7	29.1	30.9	+1.8
Population Density:								
Large SMSA	25.2	24.1	23.0	25.7	28.5	28.4	28.7	+0.3
Other SMSA	22.7	21.6	22.3	22.6	23.7	23.7	23.6	-0.1
Non-SMSA	20.2	18.9	20.1	19.1	19.4	20.4	20.2	-0.2

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] Use of "other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use of other opiates, sedatives, or tranquilizers not under a doctor's orders.

Table(s)

sedatives, barbiturates and methaqualone, we find that the groups show somewhat differential trends on both. Barbiturate use for both groups dropped some over that period, but only slightly for the noncollege (annual prevalence down 0.1% to a level of 9.0% in 1980) compared to the college-bound (down 2.0% to a level of 4.8%). Over the same interval methaqualone use increased in both groups, but less among the college-bound (up 1.2% to a level of 5.5%) than among the noncollege-bound (up 3.8% to a level of 8.9%). The net result was a considerable divergence in sedative use. This year, however, there was little change and no further divergence.

- On the other hand, there has been some convergence over the past two years in cocaine use, with the noncollege-bound group declining a bit after a rapid rise, while the college-bound continued to rise. 5-3

- There has also been a convergence in annual prevalence of inhalant use (unadjusted); both groups showed a decline over the past two years, but the noncollege-bound showed a faster decline. 3-3

Regional Differences in Trends

- In terms of the proportion of seniors using any illicit drug during the year, all four regions of the country reached their peaks in 1978 or 1979. The West, however, has not started to decline yet as have the other regions—though when amphetamines are excluded from consideration, a decline shows up even in the West. Fig H

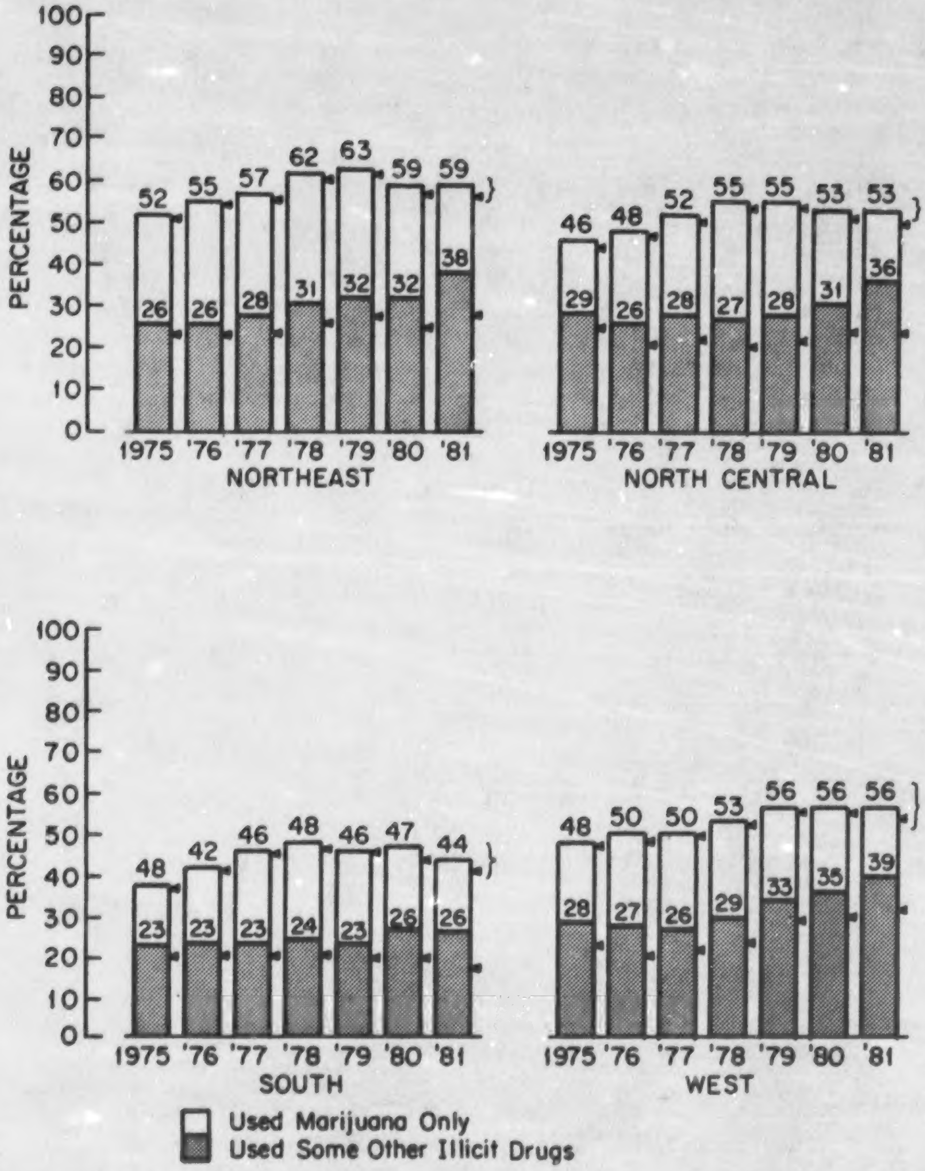
- The proportion using an illicit drug other than marijuana currently is increasing in three of the four regions. (Only in the South has it been stable for the last year.) As noted elsewhere in this report, a major factor in the rise of illicit drug use other than marijuana has been the rise in reports of amphetamine use. Such a rise appeared in all four regions; however the rise from 1980-1981 was only 2% in the South, whereas in the other regions the percentages all rose by between 5% and 8%. Fig H

- When amphetamine use is excluded, as shown by the arrows in Figure H, then a rather different picture apppears for regional trends during the late seventies and early eighties. Use of illicits other than marijuana and amphetamines has started to decline in the South, and has remained roughly steady in the North Central region. Rates in the West and the Northeast have shown some increase during the past few years. Fig H

- Cocaine use is primarily responsible for the above-noted trends in the West and the Northeast. Since 1975 and 1976, when cocaine use in all four regions ranged from 5% to 8%, 3,4,5 5-3 Fig H

FIGURE H

Trends in Annual Prevalence of Illicit Drug Use
by Region of the Country



NOTES: See Figure G for relevant footnotes.

Table(s)

annual prevalence rates in the West and the Northeast roughly tripled. In the North Central regions these rates had doubled by 1979 and 1980, but declined slightly (1.5%, not statistically significant) in 1981. In the South annual prevalence of cocaine use showed a smaller rise until 1979 and declined thereafter. The 1981 regional difference in cocaine use (e.g., three times as many seniors in the West as in the South reported any use during the past year) are among the most dramatic in this report.

- While hallucinogen use (unadjusted for underreporting of PCP) has not changed much in three of the four regions, it has shown a steady and substantial decline in the South since 1975. 4-3

Trend Differences Related to Population Density

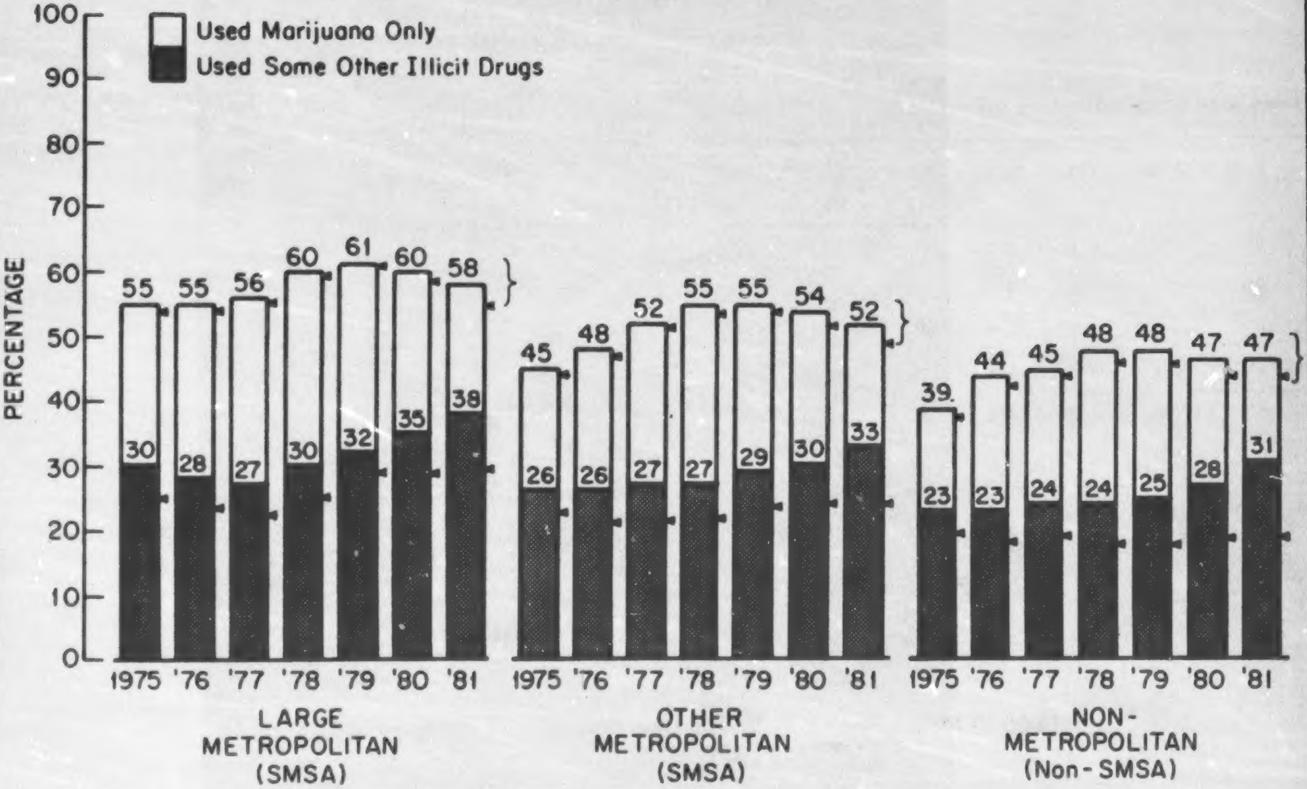
- There now appears to have been a peaking in the proportions using any illicit drug in all three levels of community size. Although the smaller metropolitan areas and the non-metropolitan areas never caught up completely with their larger counterparts, they did narrow the gap some between 1975 and 1979. Most of that narrowing was due to changing levels of marijuana use, and most of it occurred prior to 1978. Fig I

- However, the proportions reporting the use of some illicit drug other than marijuana have been increasing continuously over the last four years in the very large cities, over the last three years in the smaller metropolitan areas, and over the last three years in the non-metropolitan areas. As can be seen by the special notations in Figure I, almost all of this increase is attributable to the rise in reported amphetamine use (which may be partly artifactual). Fig I

- The increase in cocaine use, although dramatic at all levels of urbanicity between 1976 and 1979, was greatest in the large cities. This year, for the first time, there was a slight (but not statistically significant) decline in use in the large cities. Elsewhere, cocaine use has been fairly stable for the last two years. 5-3 Fig I

FIGURE I

Trends in Annual Prevalence of Illicit Drug Use by Population Density



NOTES: See Figure G for relevant footnotes.

TABLE 1-13

Grade of First Use for Sixteen Types of Drugs, Class of 1981

Grade in which drug was first used:	Marijuana	Inhalants[a]	Amyl / Butyl Nitrites	Hallucinogens[a]	LSD	PCP	Cocaine	Heroin	Other Opiates	Stimulants	Sedatives	Barbiturates	Methaqualone	Tranquilizers	Alcohol	Cigarettes (Daily)
6th	2.2	1.7	0.1	0.1	0.1	0.2	0.1	0.0	0.5	0.4	0.1	0.2	0.1	0.3	9.0	2.9
7-8th	14.0	2.5	1.1	1.0	0.5	1.0	0.4	0.1	0.7	1.7	0.9	0.9	0.5	1.4	23.2	6.9
9th	17.9	2.8	2.7	2.4	1.7	2.4	1.7	0.3	1.6	4.3	3.0	2.6	1.5	3.4	24.1	5.2
10th	13.2	2.0	3.1	3.7	3.0	2.3	4.0	0.1	2.2	8.6	4.3	3.4	2.6	3.9	18.8	4.5
11th	8.1	1.7	1.8	3.8	2.7	1.5	6.1	0.3	3.2	9.9	4.8	3.1	3.7	3.8	11.8	3.1
12th	4.0	1.7	1.2	2.2	1.7	0.4	4.2	0.3	1.8	7.2	2.8	1.2	2.2	1.9	5.7	1.5
Never used	40.5	87.7	89.9	86.7	90.2	92.2	83.5	98.9	89.9	67.8	84.0	88.7	89.4	85.3	7.4	75.9

NOTE: This question was asked in two of the five forms (N = approximately 7000), except for inhalants, PCP, and the nitrites which were asked about in only one form (N = approximately 3500).

[a] Unadjusted for known underreporting of certain drugs. See page 20.

USE AT EARLIER GRADE LEVELS

In two of the five questionnaire forms used in the study, respondents are asked to indicate the grade in which they were enrolled when they first tried each class of drugs. Graphic presentations on a drug-by-drug basis of the trends for earlier grade levels and of the changing age-at-onset curves for the various graduating classes are contained in the relevant chapters. Table 13 gives the percent of the 1981 seniors who first tried each drug at each of the earlier grade levels.

Grade Level at First Use	Table(s)
• Initial experimentation with most illicit drugs occurs during the final three years of high school. Each illegal drug, except marijuana, had been used by no more than 7% of the class of 1981 by the time they entered tenth grade.	13
• However, for marijuana, alcohol, and cigarettes, most of the initial experiences took place before high school. For example, daily cigarette smoking was begun by 15% prior to tenth grade vs. only an additional 9% in high school (i.e., in grades ten through twelve). The figures for initial use of alcohol are 56% prior to and 36% during high school; and for marijuana, 34% prior to and 25% during high school.	13
• Among inhalant users (unadjusted for nitrite underreporting), over half had their first experience prior to tenth grade. However, this unadjusted statistic probably reflects the predominant pattern for such inhalants as glues and aerosols, which tend to be used primarily at younger ages. We know that the underreporting of use of amyl and butyl nitrites in this category yields an understatement of the number of students who initiated inhalant use in the upper grade levels. This is apparent from age-at-first-use statistics for this subclass in Table 13.	13
• PCP use shows a relatively early age of initiation as well, with about 45% of the eventual users having started before high school. But the reasons may be different than for inhalants. Because PCP use has declined in popularity so rapidly in the last two years, it is possible that, for the class of 1981, use in upper grade levels was suppressed from what it would have been had there been relatively no change in popularity. (In the class of 1980, for example, only one-third of all eventual users started before high school.) Put another way, the observed profile of initiation across age likely reflects more of a sharp secular trend than any enduring maturational pattern which would be found consistently across different cohorts.	13
• For each illicit drug except inhalants and marijuana, less than half of the users had begun use prior to tenth grade. Among those who had used cocaine by senior year, less than one in	13

seven had used prior to tenth grade. For most of the other illicit drugs, the corresponding proportion is roughly from one-fifth to one-third. These data do indicate, however, that significant minorities of eventual users of these drugs are initiated into illicit drug use prior to tenth grade.

Trends in Use at Earlier Grade Levels

- Using the retrospective data provided by members of each senior class concerning their grade at first use, it is possible to reconstruct lifetime prevalence curves at lower grade levels during the years when each class was at various grade levels. Obviously, data from eventual dropouts from school are not included in any of the curves. The last two figures in each of the next eleven chapters show the reconstructed lifetime prevalence curves for earlier grade levels for the relevant drug.

- Figure J-1 provides the trends at each grade level for lifetime use of any illicit drug. It shows that for all grade levels above sixth grade there was a continuous increase in illicit drug involvement through the seventies. Note that the line for 6th grade is quite flat; only 1% of the class of 1975 reported having used an illicit drug before 6th grade (which was in 1969 for that class), and the corresponding figure for the class of 1981 is 3% (which was in 1975 for that class). The lines for the other grade levels all show upward slopes, indicating that, for all grade levels above the sixth, more recent classes had initiated more illicit drug use than the less recent classes. For example, 37% of the class of 1975 had used some illicit drug prior to grade 10, compared to 51% of the class of 1981.

Fig J-1,
J-2

- Most of the increase in any illicit drug use was due to increasing proportions using marijuana. We know this from the results in Figure J-2 showing trends for each grade level in the proportion having used any illicit drug other than marijuana in their lifetime. These trend lines are relatively flat throughout the seventies and, if anything, began to taper off among ninth and tenth grade between 1975 and 1977. The biggest cause of the increases from 1978 onward is the rise in reports of amphetamine use. As noted earlier, we suspect that at least some of this rise is artifactual.

Fig J-3,
J-4

- As can be seen in Chapter 2, for the years covered across the decade of the 70's, marijuana use had been rising steadily at all grade levels down through eighth grade. However, the trend lines for all grade levels show a decelerating curve, suggesting they all may have reached an asymptote by the end of the seventies, as we know to be the case for 12th graders. Importantly, there appears to have been little ripple effect in marijuana use down to the elementary schools, through 1975. The two most recent national household

Fig 1-1

Table(s)

surveys by NIDA would suggest that this continues to be true: the proportion of 12 to 13 year olds reporting any experience with marijuana was 6% in 1971, 8% in 1977, and 8% in 1979. Presumably sixth graders would have even lower absolute rates since the average age for sixth graders is less than twelve.*

- Cocaine use presents a somewhat less even picture, perhaps because the scale has been magnified to show the smaller percentages. In spite of the unevenness, two clear contrasts to the marijuana pattern may be drawn. First, there is as yet no indication that the curves reach an asymptote by the end of the seventies. Second, most initiation into cocaine use takes place in the last two years of high school (rather than earlier, as is the case for marijuana). Fig 5-1

- The lifetime prevalence statistics for stimulants peaked briefly for grade levels 9 through 12 during the mid 70's. However, it appears to be rising again in the late 70's, at least in the upper grades (for which we have sufficiently recent data). As has been stated repeatedly, some of this recent upturn may be artifactual. Fig 8-1

- Lifetime prevalence of hallucinogen use (unadjusted for underreporting of PCP) began declining among students at most grade levels in the mid 1970's, though it appears that a leveling and possibly some reversal has now taken place, due almost entirely to the trends in LSD use. (The trend curves for LSD are extremely similar in shape, though lower in level, of course.) Fig 4-2

- While there are relatively little trend data for PCP, since questions about grade of first use were not included before 1979, some interesting results emerge. From the rather checkered data available, it appears that the sharp downturn began right after 1979. Fig 4-2b

- While questions about age at first use for inhalants (unadjusted for the nitrites) have been asked only since 1978, the retrospective trend curves suggest that such inhalant use also was dropping for most grade levels during the mid to late seventies. Since grade-at-first-use data have been gathered for the nitrites beginning in 1979, only a few pieces of retrospective trend lines can be constructed. These suggest that the decline in use did not begin until 1979. Fig 3-1, 3-1a

- The lifetime prevalence of sedative use, like stimulant use, began declining for all grade levels in the mid 70's. (Recall that annual prevalence observed for seniors had been declining steadily from 1975 to 1979.) As the graphs for the two subclasses of sedatives—barbiturates and methaqualone—show, the trend lines have been different for Fig 9-1, 9-1a,-9-1b

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*See National Survey on Drug Abuse: Main Findings 1979 by P.M. Fishburne, H.I. Abelson, and I. Cisin. Rockville, Md: National Institute on Drug Abuse, 1980.

FIGURE J-1

Use of Any Illicit Drug: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

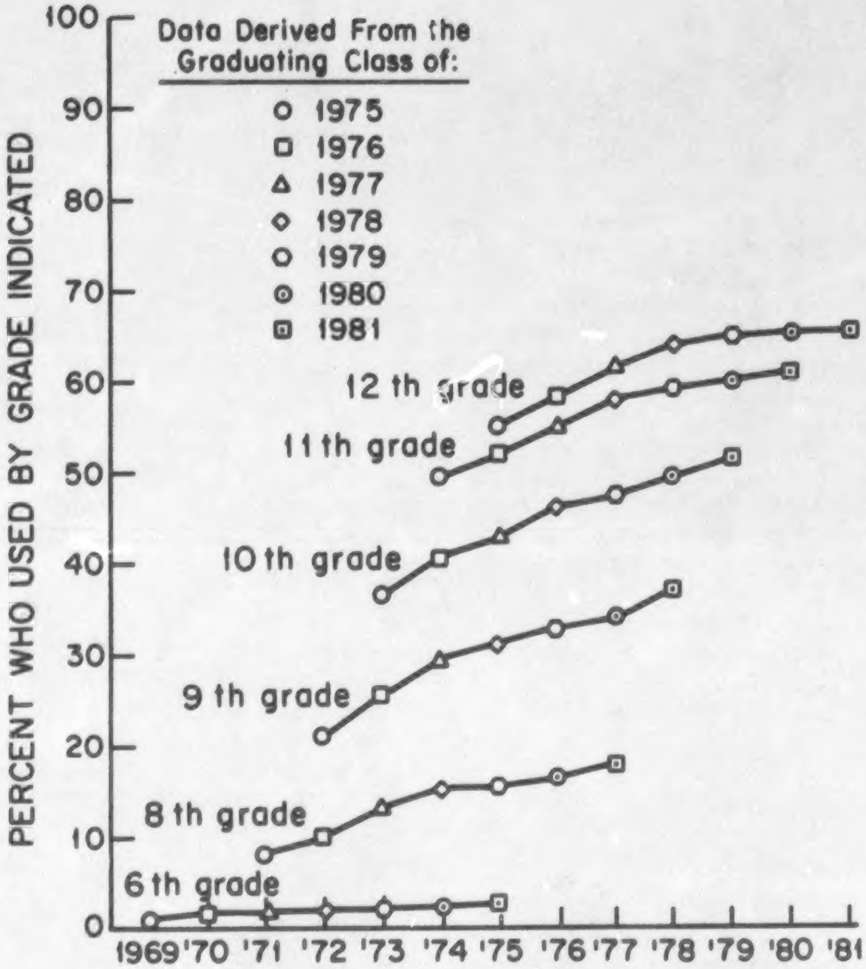
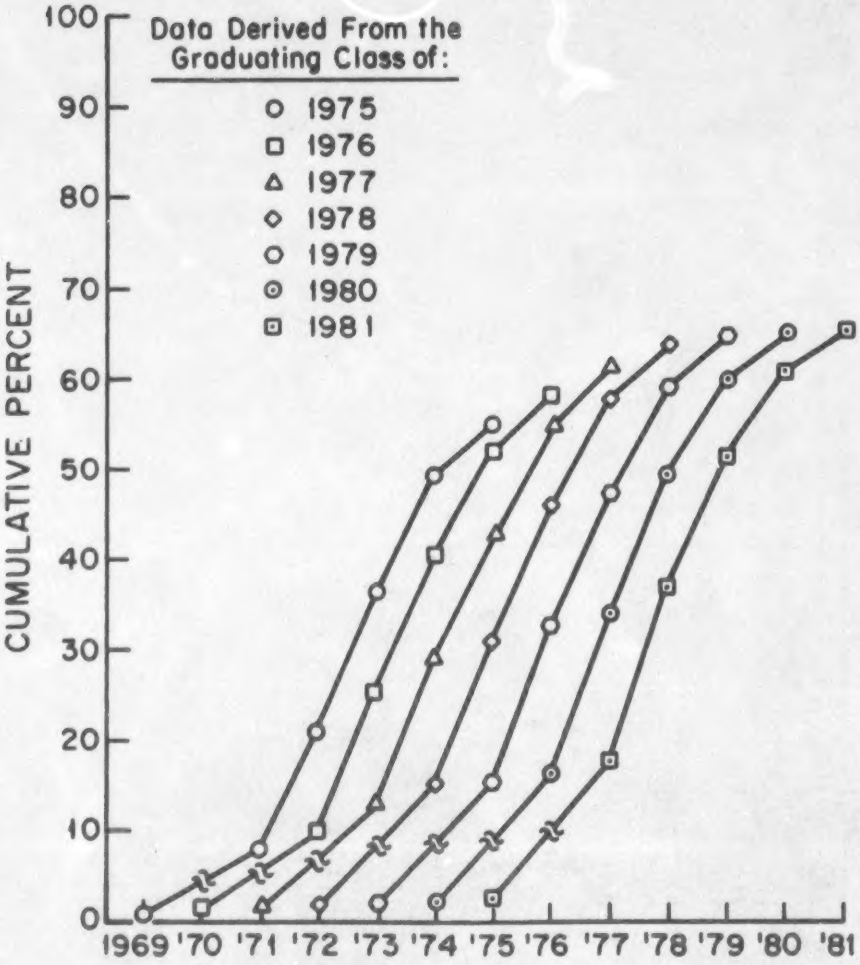


FIGURE J-2

Use of Any Illicit Drug: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

FIGURE J-3

Use of Any Illicit Drug Other Than Marijuana: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

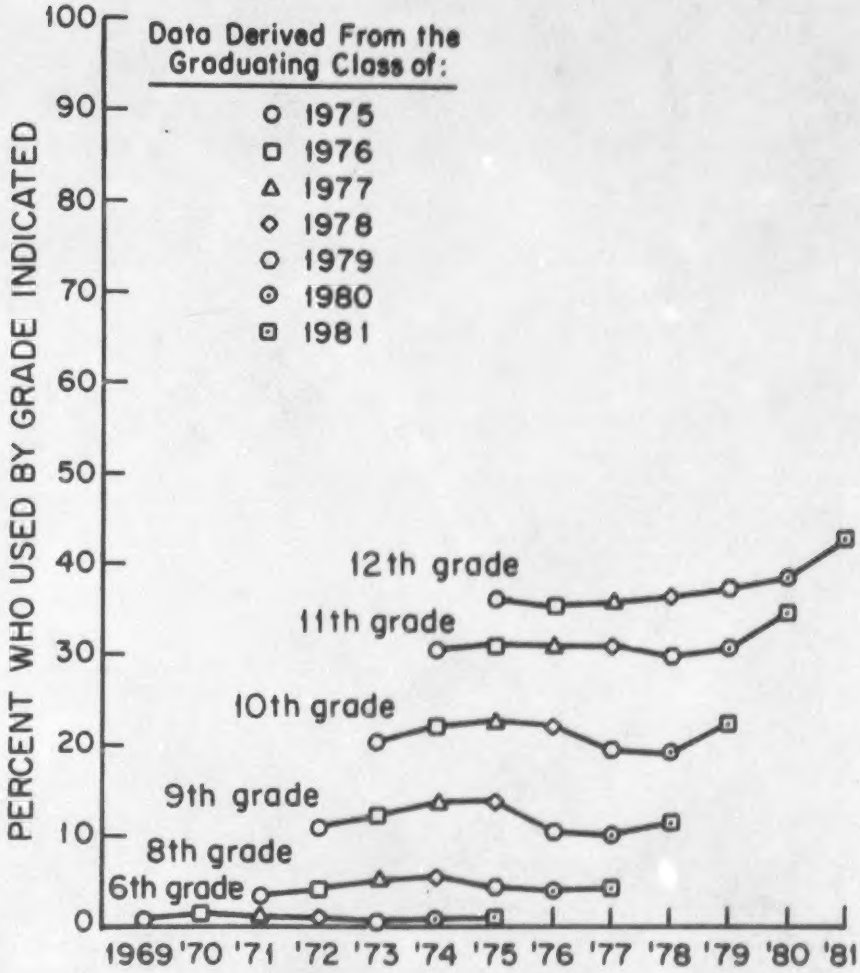
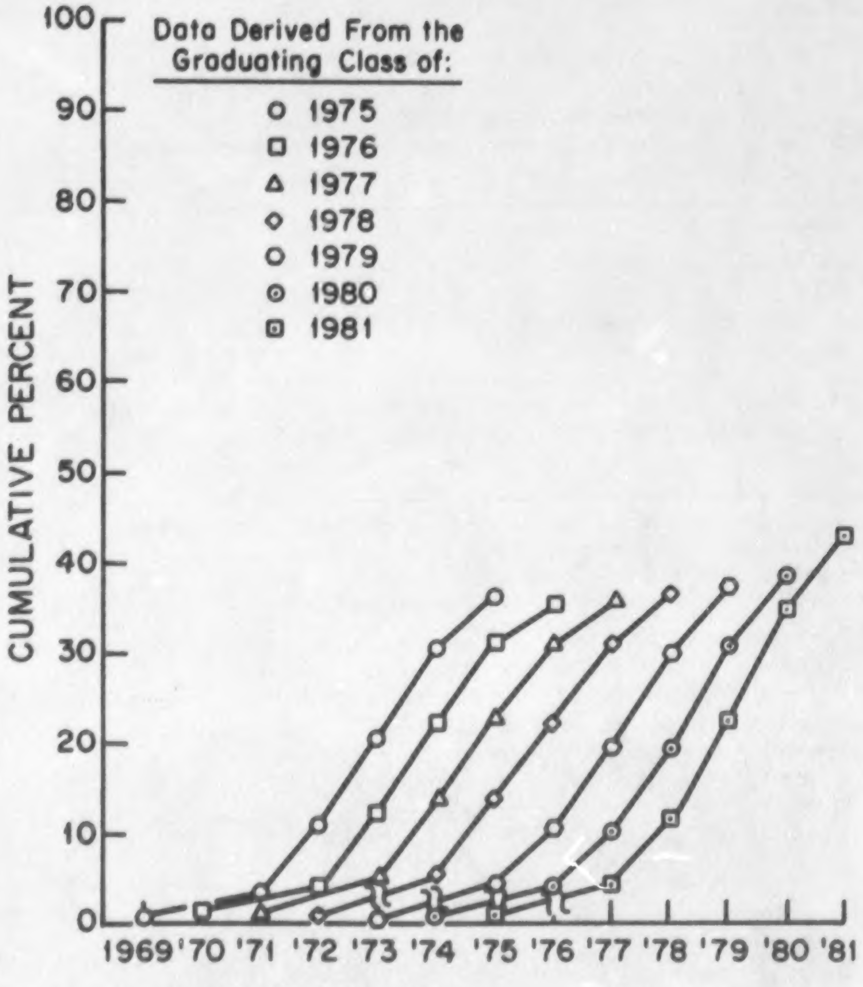


FIGURE J-4

Use of Any Illicit Drug Other Than Marijuana: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

Table(s)

them at earlier grade levels as well as in twelfth grade. Since about 1974 or 1975, lifetime prevalence of barbiturate use had fallen off sharply at all grade levels for all classes until the class of 1981. The class of '81 shows some reversal of this pattern at all grade levels. Methaqualone use started to fall off at about the same time as barbiturate use in the lower grade levels, but dropped rather little and then flattened. In more recent years, there has been an increase in use—at least in the upper grades, for which we have the more recent data.

- Lifetime prevalence of tranquilizer use also began to decline at all earlier grade levels between 1975 and 1977, and overall it would appear that the tranquilizer trend lines have been following a similar, but slightly lagged, course to that of sedatives. So far, the curves are different only in that tranquilizer use has continued to decline among twelfth graders, while sedative use has not. Fig 10-1

- Though a little difficult to see, the heroin lifetime prevalence figures for grades 9 through 12 all began declining in the mid 1970's, have since leveled, and show no evidence of reversal as yet. The lifetime prevalence of use of opiates other than heroin appears to have remained quite flat at all grade levels since the mid-seventies. Fig 6-1, 7-1

- Figure 12-1 presents the lifetime prevalence curves for cigarette smoking on a daily basis. It shows dramatically that initiation to daily smoking was beginning to peak at the lower grade levels in the mid 1970's. This peaking did not become apparent among high school seniors until later in the 70's. In essence, these changes reflect in part cohort effects—changes which show up consistently across the age band for certain class cohorts. Because of the highly addictive nature of nicotine, this is a type of drug-using behavior in which one would expect to observe enduring differences between cohorts if any are observed at a formative age. Fig 12-1

- The comparable curves for lifetime prevalence of alcohol use at earlier grade levels are very flat, suggesting that very little change in initiating rates took place at earlier grade levels across the years covered. Recall, however, that among seniors some modest increase in the drinking of a large quantity of alcohol on occasion did occur between 1975 and 1979. It is possible that similar shifts took place in lower grade levels, as well. Fig 11-1

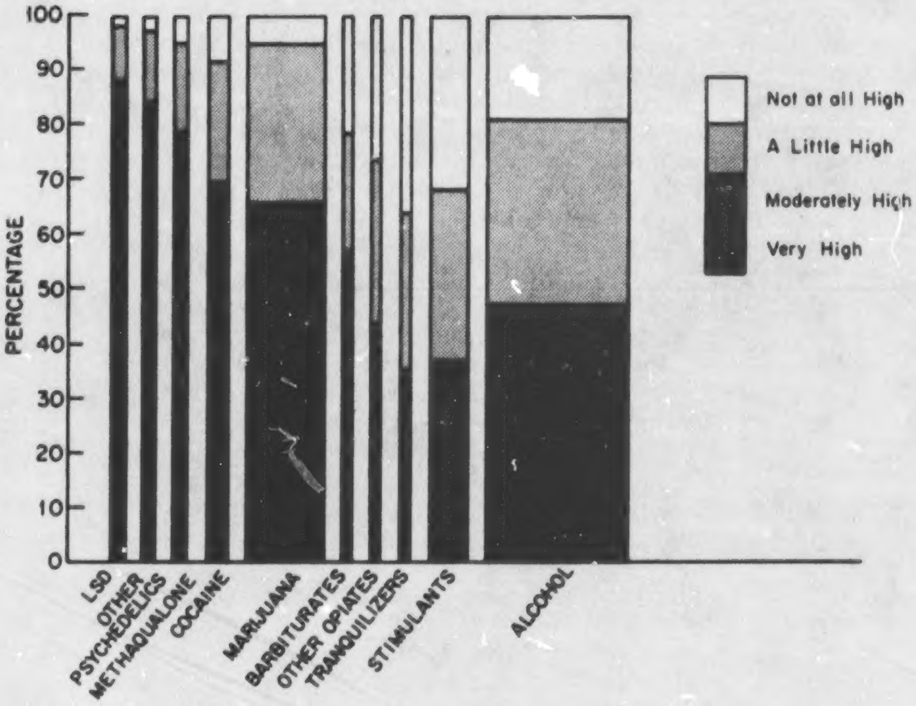
DEGREE AND DURATION OF HIGHS

On one of the five questionnaire forms, seniors who report use of a drug during the prior twelve months are asked how long they usually stay high and how high they usually get on that drug. These measures were developed both to help characterize the drug-using event and to provide indirect measures of dose or quantity of drugs consumed.

	Table(s)
• Figure K shows the proportion of 1980 seniors who say that they usually get "not at all" high, "a little" high, "moderately" high, or "very" high when they use a given type of drug. The percentages are based on all respondents who report use of the given drug class in the previous twelve months, and therefore each bar cumulates to 100%. The ordering from left to right is based on the percentage of users of each drug who report that they usually get "very" high. (The width of each bar is proportional to the percentage of all seniors having used the drug class in the previous year; this should serve as a reminder that even though a large percentage of users of a drug may get very high, they may represent only a small proportion of all seniors.)	Fig K
• The drugs which usually result in intense highs are the hallucinogens (LSD and other hallucinogens), heroin and methaqualone (Quaaludes). (Actually, heroin has been omitted from Figure K because of the small number of cases available for a given year, but an averaging across years indicates that it would rank very close to LSD.)	Fig K
• Next come cocaine and marijuana, with about two-thirds of the users of each saying they usually get moderately high or very high when using the drug.	Fig K
• The four major psychotherapeutic drug classes—barbiturates, opiates other than heroin, tranquilizers and stimulants—are less often used to get high; but substantial proportions of users (from 35% to 57%) still say they usually get moderately or very high after taking these drugs.	Fig K
• Relatively few of the many seniors using alcohol say that they usually get very high when drinking, although nearly half usually get at least moderately high. However, for a given individual we would expect more variability from occasion to occasion in the degree of intoxication achieved with alcohol than with most of the other drugs. Therefore, many drinkers surely get very high at least sometimes, even if that is not "usually" the case.	Fig K
• Figure L presents the data on the duration of the highs usually obtained by users of each class of drugs. The drugs are arranged in the same order as for intensity of highs to permit an examination of the amount of correspondence between the degree and duration of highs.	Fig L

FIGURE K

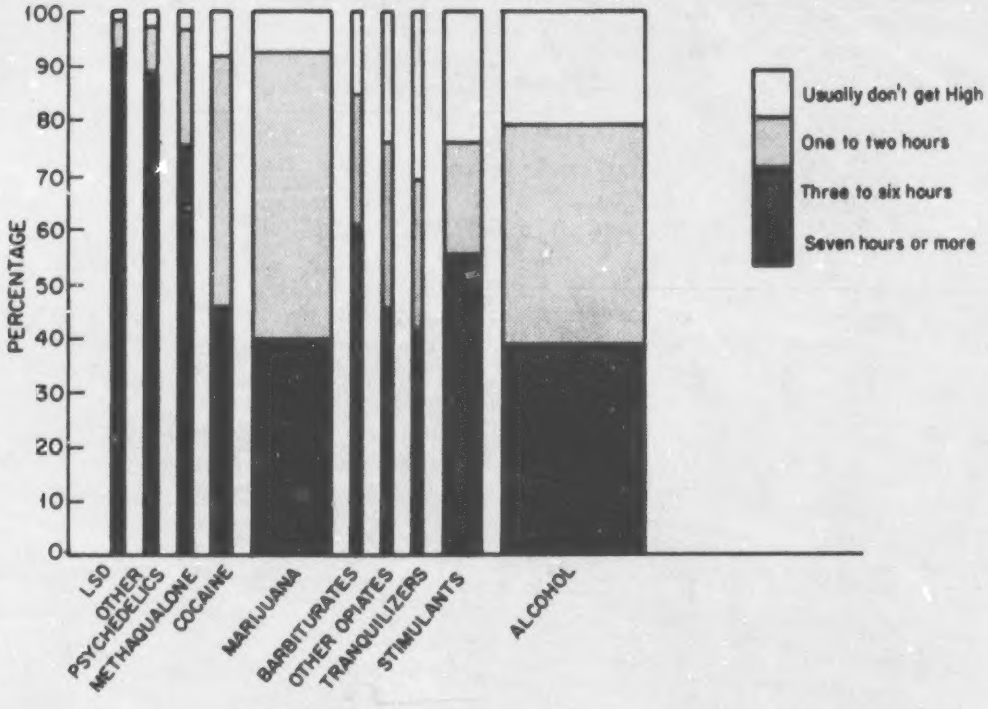
Degree of High Attained by Recent Users



NOTE: Heroin has been omitted from this figure because of the small number of heroin users who received these particular questions. The width of each bar is proportionate to the number of seniors reporting any use of each drug in the prior 12 months.

FIGURE L

Duration of High Attained by Recent Users



NOTE: Heroin has been omitted from this figure because of the small number of heroin users who received these particular questions. The width of each bar is proportionate to the number of seniors reporting any use of each drug in the prior 12 months.

Table(s)

- As can be seen in Figure L, those drugs which result in the most intense highs generally tend to result in the longest highs. For example, LSD, other hallucinogens, and methaqualone rank one through three respectively on both dimensions, with substantial proportions (from 20% to 60%) of the users of these drugs saying they usually stay high for seven hours or more. And alcohol ranks last on both dimensions; most users stay high for two hours or less. Fig L

- However, there is not a perfect correspondence between degree and duration of highs. The highs achieved with marijuana, although intense for many users, tend to be relatively short-lived in comparison with most other drugs. The majority of users usually stay high less than three hours, and the modal and median time is one to two hours. Fig K,L

- For cocaine users the modal high is one to two hours, though nearly as many stay high three to six hours. Longer highs are reported by 12%. Fig L

- The modal and median duration of highs for barbiturates and stimulants are three to six hours. Users of opiates other than heroin and tranquilizers report highs of slightly shorter duration. Fig L

- In sum, the drugs vary considerably in both the duration and degree of the highs usually obtained with them. (These data obviously do not address the qualitative differences in the experiences of being "high.") Sizeable proportions of the users of all of these drugs report that they usually get high for at least three hours per occasion, and for a number of drugs appreciable proportions usually stay high for seven hours or more. Fig K,L

Trends in Degree and Duration of Highs

- There have been several important shifts over the last five years in the degree or duration of highs usually experienced by users of the various drugs.

- The average duration of the highs reported by LSD users seems to have declined somewhat. In 1975, 74% of the recent LSD users reported usually staying high seven hours or more; by 1981 this proportion had dropped to 58%. The subjectively reported degree of high usually obtained has also dropped, from 79% of users saying "very high" in 1975 to 66% of users in 1981. 4-10a

- For cocaine, the proportion who say they usually get high for only two hours or less has increased from 35% in 1977 to 54% in 1981, reflecting a substantial shortening in the average duration of highs. There has also been some modest decline in the average degree of high attained. 5-10

Table(s)

- For *opiates other than heroin*, there had been a fairly steady decline between 1975 and 1981 in both the intensity of the highs usually experienced *and* in the duration of those highs. In 1975, 39% said they *usually* got "very high" vs. 15% in 1981. The proportion usually staying high for seven or more hours dropped from 28% in 1975 to 12% in 1981. 7-10

- *Stimulants* have shown a substantial decrease in the proportion usually getting very high or moderately high (from 60% in 1975 to 37% in 1981). Consistent with this, the proportion of users saying they simply "don't take them to get high" increased from 9% in 1975 to 20% by 1981. Also, the average reported duration of stimulant highs has been declining; 41% of the 1975 users said they usually stayed high seven or more hours vs. 17% of the 1981 users. These substantial decreases in both the degree and the duration of highs strongly suggest that there has been some shift in the purposes for which "amphetamines" are being used. An examination of data on self-reported reasons for use tends to confirm this conclusion. The proportion of *all* seniors who reported both using amphetamines in the *prior* year *and* checking "to stay awake" as one of their reasons for use, has risen gradually since 1976 and then more sharply last year (up from 8% in 1976 to 11% in 1980 to 14% in 1981). There was also a similar pattern of increase in the proportion of all seniors who used in the past year and checked "to lose weight" as one of their reasons (up from 4% in 1976 to 7% in 1980 to 10% in 1981); as well as a similar pattern for the proportion who checked "to get more energy" (8% in 1976 to 11% in 1980 to 15% in 1981). Thus there has been a distinct increase in the use of "amphetamines" for these non-recreational purposes; and, in fact, these reasons are among the most cited of all sixteen reasons which might have been checked. 8-10

  There also, however, appears to have been some increase in recreational use as well, though not as steep a one as the trends in overall use might suggest. "To get high" was reported by the following proportions of *all* seniors as a reason for using amphetamines in the prior year: 9% in 1976, 9% in 1980, and 11% in 1981. "To have a good time with my friends" was reported by 5% in 1976, 6% in 1980, and 7% in 1981. These data, then, suggest that there has been some increase since 1980 in the recreational use of amphetamines.

- There is some evidence in the last two years that the degree and duration of highs usually achieved by *barbiturate* users and *methaqualone* users has been decreasing. The largest change has been in the duration of methaqualone highs, which dropped sharply in the last two years. 9-10a, 9-10b

- For *marijuana* there has been some downward trending since 1978 in the degree of the highs usually obtained. In 1978, 27% of users said they usually get "very high"—a figure which dropped to 20% by 1981. There have also been some 2-11

Table(s)

interesting changes taking place in the duration figures. Recall that most marijuana users say they usually stay high either one to two hours or three to six hours. Since 1975 there has been a steady shift in the proportions selecting each of these two categories: a lower proportion of recent users answered three to six hours in 1981 (36% vs. 45% in 1975) while a higher proportion answered one to two hours in 1981 (53% vs. 40% in 1975). Until 1979 this shift could have been due almost entirely to the fact that progressively more seniors were using marijuana; and the users in more recent classes, who would not have been users in earlier classes, probably tended to be relatively light users. We deduce this from the fact the percentage of all seniors reporting three-to-six-hour highs remained relatively unchanged from 1975 to 1979, while the percentage of all seniors reporting only one to two hour highs had been increasing steadily (from 16% in 1975 to 25% in 1979).

However, the overall prevalence rate did not increase over the past two years (annual prevalence actually dropped by 5%), but the shift toward shorter average highs continued. Thus we must attribute this recent shift to another factor, and the one which seems most likely is a general shift (even among the most marijuana-prone segment) toward a less frequent (or less intense) use of the drug. The drop in daily prevalence, over the last two years, which is disproportionate to the drop in overall prevalence, is consistent with this interpretation. 7,9

In sum, not only are fewer high school students now using marijuana, but those who are using seem to be using less frequently and to be taking smaller doses per occasion.

- For hallucinogens other than LSD, taken as a class, there has been a gradual decline in the degree, though not the duration, of high usually experienced.
- There are no clearly discernible patterns in the intensity or duration of the highs being experienced with the remaining classes of drugs on which we have the relevant data—i.e., tranquilizers, and alcohol. (Data have not been collected for highs experienced in the use of inhalants, the nitrites specifically, or PCP specifically; and the number of admitted heroin users on a single questionnaire form is inadequate to estimate trends reliably—see Table 6-10.) 10-10, 11-11

Chapter 2

MARIJUANA/HASHISH

A significant proportion of the age group under study is now using marijuana and/or hashish on a daily (or near-daily) basis, as the figures below demonstrate. Because of this fact, a supplementary table is included in this chapter (Table 2-10) which shows trends in daily prevalence of marijuana/hashish use for various subgroups of the sample. The only other drugs for which comparable daily use tables will be presented are alcohol and cigarettes.

Since marijuana and hashish both have the same major psychoactive ingredient—tetrahydrocannabinol—they were treated as a set in most of the questions in this study, as they are in most other epidemiological surveys in the field. (See Appendix D for the exact questions.) Separate questions for marijuana and hashish were included in one of the five questionnaire forms, however, and the results there indicate that marijuana still accounts for the majority of the use and the users in this drug class.

The key findings derived from the data tables in this chapter are presented in summary form below.

Prevalence of Use in 1981

Total Sample	Table(s)
• Over half of all seniors (about 60%) have tried marijuana or hashish, and nearly half (46%) report use in the prior year.	1,2,3
• Nearly one-third (32%) had used it in the last month.	4
• Nearly one-third (30%) had used it on 20 or more occasions in their lifetime.	6
• Weekly use or more (defined as use on three or more occasions in the prior 30 days) is reported by 21% of the sample.	6
• Daily use (defined as 20 or more occasions in the last 30 days) is now reported by 7.0% of the sample.	6
Subgroup Differences	
• Sex Differences. Prevalence for all three time intervals is slightly higher among males than females. (For example, annual prevalence is reported by 49% of the males and 43% of the females.) A much greater difference between the sexes is evident when use on 40 or more occasions during the last year is compared. (About 17% of the males and 8% of the females report usage at this frequency.) Also, more than twice as many males (about 10%) as females (about 4%) report daily use.	2,3,4,5,10

Table(s)

- College Plans. Use is more widespread among the noncollege-bound than among the college-bound (50% vs. 43% in annual prevalence). Again the differences are more pronounced for frequent use; about 10% of the college-bound have used 40 or more times in the previous year vs. about 16% of the noncollege-bound. Similarly, only 5% of the college-bound report daily use vs. 9% of noncollege-bound. 2,3,4,5,10

- Region of the Country. Prevalence tends to be lowest in the South and highest in the Northeast (38% and 53%, respectively, for annual prevalence). There is also considerable regional variation in the observed levels of daily use with 9.1% using daily in the Northeast vs. 4.5% in the South. 2,3,4,5,10

- Population Density. Prevalence remains lowest in the nonmetropolitan areas (non-SMSAs show about 42% annual prevalence) and highest in the very large cities. (Large SMSAs have 51% annual prevalence.) The prevalence of daily use is also slightly lower than average (at 6.0%) in the nonmetropolitan areas and slightly higher than average in the large metropolitan areas (8.3%). 2,3,4,5,10

Recent Trends in Prevalence

Total Sample

- It now appears that 1978 and 1979 marked the crest of a long and dramatic rise in marijuana use among American high school students. Annual and 30-day prevalence of marijuana use hardly changed at all between 1978 and 1979, following a steady rise in the preceding years. In 1980 both statistics dropped for the first time and in 1981 dropped still further. Both are now about 5% below their all-time highs. Lifetime prevalence, which had remained unchanged in 1980, finally began to drop in '81. As we discuss later, there have been some significant changes in the attitudes and beliefs these young people hold in relation to marijuana; these changes suggest that the downward shift in marijuana use is likely to continue. 2,3,4

- Of greater importance is the even sharper downward trend now occurring for daily marijuana use. Between 1975 and 1978 there was an almost two-fold increase in daily use. The proportion reporting daily use in the class of 1975 (6.0%) came as a surprise to many. That proportion then rose rapidly, so that by 1978 one in every nine high school seniors (10.7%) indicated that he or she used the drug on a daily or nearly daily basis (defined as use on 20 or more occasions in the last 30 days). In 1979 we reported that this rapid and troublesome increase had come to a halt, with a 0.4% drop occurring that year. In 1980 a larger drop of 1.2% occurred; and this year we report an even larger drop of 2.1%, bringing the daily usage rate down to 7.0%—or about one in every fourteen seniors. As later sections of this report document, 10

Table(s)

much of this reversal appears to be due to increasing concerns about possible adverse effects from regular use, as well as to the perception that peers are now more disapproving of regular marijuana use.

Subgroup Differences in Trends

- The overall trends in marijuana use have been pretty much mirrored in the separate trends for males and females, except that the gap between the sexes has narrowed somewhat. 2,3,4

- The trends for the different regions of the country have also been relatively parallel, although use in the West rose less between 1975 and 1978 and also has not declined as much from its peak level. 2,3,4

- Communities of different sizes have also shown fairly parallel movement to each other, although the differences among them have narrowed somewhat since 1978 and 1979. 2,3,4

Use at Earlier Grade Levels

- For over half of those who have used by the end of senior year, first use occurred between seventh and ninth grades. 8, Fig 2

- There was a substantial and continuing increase in the prevalence of early use in the middle to late 1970's. Each cohort has attained a higher prevalence level than the preceding cohorts by sixth grade, and has remained higher than the preceding cohorts at each grade level thereafter. In the class of 1975 only 17% reported any use prior to tenth grade. That proportion doubled to 34% by the class of 1981. Fig 1

- Stated differently, as illustrated in Figure 2-1: for the years for which we can reconstruct prevalence estimates using the retrospective data from recent graduating classes, marijuana use had been going up at all grade levels. This is suggestive of a secular trend or period effect—an effect which applies across various ages in a given historical period. (Note that these retrospective estimates of lifetime prevalence for each grade level are based only on the segment of each cohort who remained in school to the end of twelfth grade—roughly 80% to 85% of the total age group.) Although the data have yet to come in, we would predict a reverse secular trend starting around 1980, judging by what we are observing among seniors, and from the fact that the earlier grade level trend lines are decelerating already. Fig 1

- Although marijuana use had been rising steadily at all grade levels down through eighth grade, there appears to have been little ripple effect in marijuana use down to the elementary schools, through 1975. The two most recent national household surveys by NIDA would suggest that this continues to be true: the proportion of 12 to 13 year olds reporting any Fig 1

	Table(s)
experience with marijuana was 6% in 1971, 8% in 1977, and 8% in 1979. Presumably sixth graders would have even lower absolute rates since the average age for sixth graders is less than twelve.*	
• Subgroups differences in early use of marijuana tend to follow differences in lifetime prevalence in senior year; the subgroups with the highest overall percentages of marijuana use also show the highest percentages of users at earlier grade levels.	9
• The increase in early prevalence has also been reflected among all subgroups.	9

Probability of Future Use

• Only one-fifth (20%) of 1981 seniors say they "probably" or "definitely" will be using marijuana five years in the future.	6
• This reflects an 8% decrease from 1978, the peak year, and a return to the level originally observed in 1975.	6
• The proportion expecting to use it in the future is substantially smaller than the proportion who reported actual use during the previous 30 days—apparently some of the current users view the current usage phase in their lives as transitory.	6

Degree and Duration of Highs

• On one of the questionnaire forms, seniors who reported using any marijuana during the prior twelve months were asked to state how high they usually got when they used it and how long they stayed high.	
• Asked to rate how high they usually get on marijuana, nearly half of the users (46%) say "moderately high," and another one in five say they usually get "very high." The proportions reporting "very high" have shifted downward somewhat since their peak levels in 1978.	11
• The modal time interval for being high—that is, the one most frequently chosen—is one to two hours (reported by 53% of users). Most other users (36%) say they usually stay high for 3 to 6 hours, but a few (4%) say they usually stay high for 7 hours or longer.	11
• The proportion of users who report that they usually stay high for more than 2 hours has declined steadily from 52% in 1975 to 40% in 1981.	11

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*See National Survey on Drug Abuse: Main Findings 1979 by P.M. Fishburne, H.I. Abelson, and I. Cisin. Rockville, Md: National Institute on Drug Abuse, 1980.

Table(s)

- Since the prevalence and frequency of use were rising through 1978, one could infer from the decline in direction of highs that the quantity of the active ingredient, THC, ingested on the average occasion in which marijuana is used, must have declined. This finding stands in apparent contradiction to the assertions made in the media (Secretary of Health, Education, and Welfare, 1980) that the strength of marijuana sold on the street increased many fold in the previous few years. About the only way the facts presented here could be reconciled with that assertion is if the bulk quantity of marijuana/hashish smoked on the average occasion has been going down as the strength has been going up. In others words, users may well have been titrating their consumption to obtain a desired degree of high; further, the desired degree of high seems to be dropping.

- Users from the different subgroups (defined in terms of sex, college plans, region, and urbanicity) show rather similar patterns of responses to the questions concerning the degree and duration of feeling high. 12,13,14 15

TABLE 2-1

Marijuana: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	17500	59.5	31.6	14.5	13.4	40.5
Sex:						
Male	8400	62.5	35.3	13.9	13.3	37.5
Female	8600	56.2	27.3	15.2	13.7	43.8
College Plans:						
None or under 4 yrs	6700	63.5	36.1	13.6	13.8	36.5
Complete 4 yrs	9700	55.9	27.4	15.2	13.3	44.1
Region:						
Northeast	4100	67.8	38.2	15.0	14.6	32.2
North Central	5300	59.9	33.0	13.8	13.1	40.1
South	5300	50.8	24.7	13.3	12.8	49.2
West	2800	63.2	32.0	17.6	13.6	36.8
Population Density:						
Large SMSA	4500	65.9	36.3	15.1	14.5	34.1
Other SMSA	7100	59.6	31.4	15.0	13.2	40.4
Non-SMSA	5900	54.6	28.0	13.6	13.0	45.4

NOTE: See Appendix D for definition of variables in table.

TABLE 2-2

Marijuana: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	47.3	52.8	56.4	59.2	60.4	60.3	59.5	-0.8
Sex:								
Male	52.7	58.9	61.9	64.4	65.0	64.4	62.5	-1.9
Female	42.7	46.1	50.8	53.9	55.7	56.1	56.2	+0.1
College Plans:								
None or under 4 yrs	NA	55.3	59.6	61.4	62.9	64.3	63.5	-0.8
Complete 4 yrs	NA	48.7	52.0	55.5	56.8	56.8	55.9	-0.9
Region:								
Northeast	56.3	60.7	62.5	66.7	69.8	67.4	67.8	+0.4
North Central	46.9	52.1	56.0	60.6	60.9	60.2	59.9	-0.3
South	38.8	45.7	51.4	52.4	51.6	53.6	50.8	-2.8
West	52.5	55.9	57.1	59.0	62.1	62.9	63.2	+0.3
Population Density:								
Large SMSA	58.1	60.1	62.5	66.2	68.5	67.9	65.9	-2.0
Other SMSA	48.1	52.3	57.7	60.2	62.0	61.0	59.6	-1.4
Non-SMSA	39.6	47.8	49.7	51.9	52.1	53.9	54.6	+0.7

NOTES: Level of significance of difference between the two most recent classes;
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 2-3

Marijuana: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	40.0	44.5	47.6	50.2	50.8	48.8	46.1	-2.7s
Sex:								
Male	45.8	50.6	53.2	55.9	55.8	53.4	49.2	-4.2ss
Female	34.9	37.8	42.0	44.3	45.7	44.1	42.5	-1.6
College Plans:								
None or under 4 yrs	NA	46.8	50.7	51.6	53.1	51.7	49.7	-2.0
Complete 4 yrs	NA	40.7	43.4	47.1	47.3	45.9	42.6	-3.3s
Region:								
Northeast	47.4	52.7	53.5	59.2	60.6	55.5	53.2	-2.3
North Central	40.1	44.0	48.1	51.6	52.2	48.9	46.8	-2.1
South	32.4	37.9	42.5	42.7	41.2	42.0	38.0	-4.0s
West	44.1	45.8	46.8	49.1	51.9	51.7	49.6	-2.1
Population Density:								
Large SMSA	50.4	51.3	53.2	57.2	58.7	56.3	51.4	-4.9s
Other SMSA	40.3	44.2	48.9	50.8	51.9	49.8	46.4	-3.4s
Non-SMSA	32.9	39.8	41.2	43.3	43.3	41.9	41.6	-0.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 2-4

Marijuana: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	27.1	32.2	35.4	37.1	36.5	33.7	31.6	-2.1s
Sex:								
Male	32.3	37.7	40.7	42.6	41.4	37.8	35.3	-2.5s
Female	22.5	26.0	30.0	31.3	31.3	29.1	27.3	-1.8
College Plans:								
None or under 4 yrs	NA	34.5	38.7	39.2	39.6	37.7	36.1	-1.6
Complete 4 yrs	NA	28.4	31.0	33.2	32.2	29.4	27.4	-2.0
Region:								
Northeast	32.2	38.6	40.4	46.7	44.7	39.3	38.2	-1.1
North Central	27.6	31.4	36.1	37.8	38.0	34.0	33.0	-1.0
South	21.2	27.7	31.3	30.6	29.0	28.4	24.7	-3.7s
West	30.8	32.7	33.6	34.3	35.9	35.2	32.0	-3.2
Population Density:								
Large SMSA	36.2	37.9	40.4	44.0	42.2	39.6	36.3	-3.3
Other SMSA	26.4	32.5	36.2	37.1	37.5	34.5	31.4	-3.1s
Non-SMSA	22.2	27.5	30.2	31.4	30.9	28.3	28.0	-0.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 2-5

Marijuana: Frequency of Use in the Last Year by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Number of occasions in last 12 months						
		None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	17500	53.9	10.2	7.3	4.9	5.7	5.0	12.9
Sex:								
Male	8400	50.8	9.5	7.2	5.0	5.5	5.0	17.0
Female	8600	57.5	11.0	7.3	4.9	6.0	5.0	8.3
College Plans:								
None or under 4 yrs	6700	50.3	9.5	7.2	5.3	6.0	5.8	15.9
Complete 4 yrs	9700	57.4	10.8	7.3	4.8	5.6	4.3	9.9
Region:								
Northeast	4100	46.8	10.8	8.0	5.4	6.9	6.0	16.1
North Central	5300	53.2	10.0	7.1	5.2	5.7	4.9	14.0
South	5300	62.0	10.0	6.5	3.9	4.4	4.2	9.0
West	2800	50.4	10.3	8.0	6.0	6.6	5.3	13.3
Population Density:								
Large SMSA	4500	48.6	10.8	7.7	5.6	6.2	6.3	14.7
Other SMSA	7100	53.6	10.3	7.1	4.7	5.9	5.1	13.3
Non-SMSA	5900	58.4	9.6	7.1	4.8	5.2	3.9	11.0

NOTE: See Appendix D for definition of variables in table.

TABLE 2-6

Marijuana: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Lifetime use							
No occasions	52.7	47.2	43.6	40.8	39.6	39.7	40.5
1-2 occasions	8.8	9.0	9.1	9.1	9.2	10.3	10.5
3-5 occasions	5.1	5.4	6.1	6.1	5.9	6.8	7.1
6-9 occasions	4.0	4.0	4.7	4.8	5.1	5.5	5.3
10-19 occasions	5.4	5.9	6.5	6.4	6.8	6.7	6.6
20-39 occasions	5.1	5.6	5.8	6.2	6.5	6.2	6.3
40 or more	18.9	22.9	24.3	26.6	27.0	24.8	23.7
N =	(9841)	(15845)	(17555)	(18073)	(15992)	(15839)	(17540)
Use in last twelve months							
No occasions	60.0	55.5	52.4	49.8	49.2	51.2	53.9
1-2 occasions	8.7	8.6	8.9	8.9	9.8	10.3	10.2
3-5 occasions	5.2	5.9	6.5	6.5	6.6	7.0	7.3
6-9 occasions	4.3	4.7	5.1	5.4	5.0	5.2	4.9
10-19 occasions	5.5	5.8	6.3	6.1	6.8	6.1	5.7
20-39 occasions	4.5	5.1	5.6	5.8	5.4	5.3	5.0
40 or more	11.7	14.3	15.1	17.5	17.2	14.9	12.9
N =	(9792)	(15748)	(17490)	(18009)	(15931)	(15749)	(17455)
Use in last thirty days							
No occasions	72.9	67.8	64.6	62.9	63.5	66.3	68.4
1-2 occasions	7.7	8.3	9.6	9.2	9.4	9.6	10.1
3-5 occasions	4.8	5.4	5.8	6.0	5.9	5.8	5.4
6-9 occasions	4.0	4.7	5.0	4.6	4.5	4.0	3.9
10-19 occasions	4.6	5.7	5.9	6.7	6.5	5.2	5.1
20-39 occasions	3.2	4.3	4.5	5.4	5.1	4.6	3.6
40 or more	2.8	3.9	4.6	5.3	5.2	4.5	3.4
N =	(9796)	(15722)	(17473)	(18014)	(15915)	(15755)	(17453)
Probability of future use							
Definitely will not	58.8	53.3	50.5	49.6	50.8	55.2	55.8
Probably will not	22.1	21.3	22.4	23.0	23.9	22.0	24.5
Probably will	14.3	20.4	20.7	21.0	19.0	18.7	16.4
Definitely will	4.8	5.1	6.4	6.5	6.3	4.1	3.3
N =	(3063)	(3212)	(3572)	(3659)	(3274)	(3213)	(3536)

TABLE 2-7

Marijuana: Trends in Grade in Which First Used

	Percent reporting first use in each grade						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Sixth grade (or below)	0.6	0.8	1.3	1.7	1.8	1.9	2.2
Seventh or Eighth grade	5.9	7.7	10.3	12.0	12.2	13.0	14.0
Ninth grade	10.7	14.2	15.1	14.5	16.4	16.5	17.9
Tenth grade	13.4	14.1	12.3	14.5	14.1	14.7	13.2
Eleventh grade	11.7	10.3	11.2	10.8	10.8	9.7	8.1
Twelfth grade	4.9	5.7	6.1	5.6	5.2	4.4	4.0
Never used	52.7	47.2	43.6	40.8	39.6	39.7	40.5
N[a] =	(3082)	(2970)	(6109)	(6144)	(5627)	(5465)	(6164)

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[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 2-8

Marijuana: Grade in Which First Used by Subgroups, Class of 1981

(Entries are percentages)

		Grade in school						
	Number of Cases (Approx.)	6 or below	7/8	9	10	11	12	Never used
All seniors	6300	2.2	14.0	17.9	13.2	8.1	4.0	40.5
Sex:								
Male	3000	3.2	15.7	18.5	14.7	6.8	3.6	37.5
Female	3200	1.2	12.3	16.9	11.9	9.3	4.6	43.8
College Plans:								
None or under 4 yrs	2400	2.1	16.1	19.4	13.6	8.3	4.1	36.5
Complete 4 yrs	3600	2.1	12.4	16.3	13.1	8.0	3.9	44.1
Region:								
Northeast	1400	1.8	20.2	22.1	14.0	7.5	2.1	32.2
North Central	2000	2.2	13.4	17.8	14.2	7.9	4.4	40.1
South	1900	1.4	9.1	13.7	12.1	9.6	4.9	49.2
West	1000	4.3	16.3	20.0	12.5	6.0	4.1	36.8
Population Density:								
Large SMSA	1500	2.2	19.5	21.7	12.4	7.2	3.0	34.1
Other SMSA	2600	2.8	13.6	17.3	13.1	8.5	4.4	40.4
Non-SMSA	2200	1.4	10.7	15.7	14.2	8.3	4.2	45.4

NOTE: See Appendix D for definition of variables in table.

TABLE 2-9

Marijuana: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	17.2	22.7	26.7	28.2	30.4	31.4	34.1	+2.7s
Sex:								
Male	19.4	26.8	31.1	31.7	33.9	36.1	37.4	+1.3
Female	14.6	18.5	22.2	24.6	26.7	27.2	30.4	+3.2s
College Plans:								
None or under 4 yrs	NA	25.3	29.6	30.3	34.1	33.1	37.6	+4.5s
Complete 4 yrs	NA	19.1	22.4	24.6	25.9	29.0	30.8	+1.8
Region:								
Northeast	22.9	27.6	31.7	34.9	40.3	35.2	44.1	+8.9sss
North Central	15.4	21.0	24.7	27.7	29.3	32.1	33.4	+1.3
South	11.5	17.4	23.5	23.5	22.6	25.5	24.2	-1.3
West	24.4	29.4	29.8	29.9	32.7	35.6	40.6	+5.0
Population Density:								
Large SMSA	22.2	27.3	33.2	33.2	37.3	39.9	43.4	+3.5
Other SMSA	17.7	23.1	27.6	30.5	31.7	32.0	33.7	+1.7
Non-SMSA	13.2	18.9	20.7	21.2	23.3	24.9	27.8	+2.9

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 2-10

Marijuana: Trends in Thirty-Day Prevalence of Daily Use by Subgroups

	Percent who used daily in last thirty days							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	6.0	8.2	9.1	10.7	10.3	9.1	7.0	-2.1sss
Sex:								
Male	8.1	10.8	12.4	14.2	12.7	11.9	9.6	-2.3ss
Female	4.0	5.0	5.6	7.1	7.3	6.0	4.2	-1.8sss
College Plans:								
None or under 4 yrs	NA	9.9	11.1	12.8	13.0	11.9	9.4	-2.5ss
Complete 4 yrs	NA	5.5	6.3	7.4	6.8	5.9	4.8	-1.1s
Region:								
Northeast	6.7	10.2	9.9	14.5	13.6	11.1	9.1	-2.0s
North Central	6.2	8.1	8.8	11.4	11.5	9.5	8.2	-1.3
South	5.0	6.7	9.1	8.5	7.0	7.5	4.5	-3.0sss
West	6.5	8.0	8.1	8.2	9.3	8.6	6.4	-2.2s
Population Density:								
Large SMSA	8.4	10.7	9.5	12.7	10.6	10.3	8.3	-2.0s
Other SMSA	5.9	8.2	10.0	10.9	11.3	9.5	7.1	-2.4ss
Non-SMSA	4.5	6.3	7.6	9.0	8.6	7.7	6.0	-1.7s

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 2-11

Marijuana: Trends in Degree and Duration of Feeling High

Q. When you take marijuana or hashish how high do you usually get?[a]		Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
PERCENT OF RECENT USERS:								
Not at all high		6.9	5.7	7.5	6.3	6.0	6.3	4.9
A little high		22.1	20.9	22.5	20.3	22.5	23.5	29.0
Moderately high		45.5	47.7	43.5	46.8	47.5	47.7	45.7
Very high		25.5	25.7	26.5	26.6	24.0	22.6	20.4
	N =	(1142)	(1394)	(1685)	(1873)	(1606)	(1495)	(1607)
PERCENT OF ALL RESPONDENTS:								
No use in last 12 months		60.0	55.5	52.4	49.8	49.4	52.4	53.2
Not at all high		2.8	2.5	3.6	3.2	3.0	3.0	2.3
A little high		8.8	9.3	10.7	10.2	11.4	11.2	13.6
Moderately high		18.2	21.2	20.7	23.5	24.0	22.7	21.4
Very high		10.2	11.4	12.6	13.4	12.2	10.8	9.6
	N =	(2855)	(3133)	(3540)	(3731)	(3175)	(3143)	(3437)
Q. When you take marijuana or hashish how long do you usually stay high?[a]								
PERCENT OF RECENT USERS:								
Usually don't get high		8.5	8.0	9.5	8.0	8.4	8.5	7.6
One to two hours		39.7	43.2	42.6	47.4	48.7	51.7	52.5
Three to six hours		45.4	43.7	42.7	39.0	37.4	35.0	35.7
Seven to 24 hours		5.9	4.9	4.7	5.1	5.0	4.1	4.0
More than 24 hours		0.5	0.2	0.6	0.5	0.5	0.7	0.2
	N =	(1141)	(1389)	(1687)	(1873)	(1619)	(1500)	(1607)
PERCENT OF ALL RESPONDENTS:								
No use in last 12 months		60.0	55.5	52.4	49.8	49.2	52.3	53.2
Usually don't get high		3.4	3.6	4.5	4.0	4.3	4.0	3.6
One to two hours		15.9	19.2	20.3	23.8	24.7	24.6	24.5
Three to six hours		18.2	19.4	20.3	19.6	19.0	16.7	16.7
Seven to 24 hours		2.4	2.2	2.2	2.6	2.5	2.0	1.9
More than 24 hours		0.2	0.1	0.3	0.3	0.2	0.3	0.1
	N =	(2853)	(3121)	(3544)	(3731)	(3188)	(3149)	(3437)

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[a] These questions appear in just one form. They are asked only of respondents who report use of the drug in the prior twelve months (i.e., "recent users").

TABLE 2-12

Marijuana: Degree of Feeling High, Class of 1981

Q. When you take marijuana or hashish how high do you usually get?	Number of cases	Percent of recent users[a] saying: Not at all	A little	Moderately	Very
All seniors	1607	4.9	29.0	45.7	20.4
Sex:					
Male	783	4.2	25.8	48.3	21.6
Female	729	6.1	34.1	42.2	17.5
College Plans:					
None or under 4 yrs	592	2.9	29.1	44.3	23.6
Complete 4 yrs	790	6.8	29.8	45.9	17.4
Region:					
Northeast	426	4.2	29.9	45.8	20.0
North Central	511	4.6	26.8	45.3	23.3
South	404	7.6	30.1	45.9	16.4
West	266	2.1	30.1	45.9	21.8
Population Density:					
Large SMSA	453	5.0	32.5	44.4	18.2
Other SMSA	669	4.8	26.1	45.7	23.5
Non-SMSA	485	4.8	29.8	46.9	18.4

NOTE: See Appendix D for definition of variables.

[a] This question is asked in one form only; figures are based on all respondents who report use of the drug in the prior twelve months.

TABLE 2-13

Marijuana: Degree of Feeling High, Class of 1981

Q. When you take marijuana or hashish how high do you usually get?	Number of cases	Percent of all respondents[a] saying: Did not use in last 12 months	Not at all	A little	Moderately	Very
All seniors	3437	53.2	2.3	13.6	21.4	9.6
Sex:						
Male	1588	50.7	2.1	12.7	23.8	10.7
Female	1717	57.5	2.6	14.5	17.9	7.4
College Plans:						
None or under 4 yrs	1201	50.8	1.4	14.3	21.8	11.6
Complete 4 yrs	1897	58.3	2.9	12.4	19.1	7.2
Region:						
Northeast	807	47.3	2.2	15.8	24.2	10.6
North Central	1032	50.5	2.3	13.3	22.4	11.5
South	1036	61.0	3.0	11.7	17.9	6.4
West	563	52.7	1.0	14.3	21.7	10.3
Population Density:						
Large SMSA	909	50.2	2.5	16.2	22.1	9.1
Other SMSA	1378	51.4	2.3	12.7	22.2	11.4
Non-SMSA	1151	57.8	2.0	12.6	19.8	7.7

NOTE: See Appendix D for definition of variables.

[a] This question is asked in one form only; figures are based on all respondents, whether or not they use the drug.

TABLE 2-14

Marijuana: Duration of Feeling High, Class of 1981

Q. When you take marijuana or hashish how long do you usually stay high?	Number of cases	Percent of recent users[a] saying: Usually don't get high	1-2 hours	3-6 hours	7-24 hours	More than 24 hours
All seniors	1607	7.6	52.5	35.7	4.0	0.2
Sex:						
Male	786	6.7	50.1	37.8	5.2	0.3
Female	726	9.0	56.9	31.9	2.1	0.0
College Plans:						
None or under 4 yrs	592	5.6	53.5	36.0	4.7	0.3
Complete 4 yrs	788	9.7	50.6	36.5	3.1	0.1
Region:						
Northeast	427	5.8	56.3	35.2	2.7	0.0
North Central	509	6.6	50.0	39.0	4.3	0.1
South	404	12.1	52.0	29.5	6.4	0.0
West	267	5.9	51.7	39.8	1.7	0.9
Population Density:						
Large SMSA	455	7.3	57.0	33.8	1.8	0.0
Other SMSA	664	8.1	49.7	37.1	4.7	0.4
Non-SMSA	488	7.3	52.0	35.7	5.1	0.0

NOTE: See Appendix D for definition of variables.

[a] This question is asked in one form only; figures are based on all respondents who report use of the drug in the prior twelve months.

TABLE 2-15

Marijuana: Duration of Feeling High, Class of 1981

		Percent of all respondents[a] saying:					
Q. When you take marijuana or hashish how long do you usually stay high?	Number of cases	Did not use in last 12 months	Usually don't get high	1-2 hours	3-6 hours	7-24 hours	More than 24 hours
All seniors	3437	53.2	3.6	24.5	16.7	1.9	0.1
Sex:							
Male	1590	50.6	3.3	24.7	18.7	2.6	0.2
Female	1714	57.7	3.8	24.1	13.5	0.9	0.0
College Plans:							
None or under 4 yrs	1202	50.7	2.7	26.4	17.7	2.3	0.1
Complete 4 yrs	1894	58.4	4.0	21.0	15.2	1.3	0.0
Region:							
Northeast	809	47.2	3.0	29.7	18.6	1.5	0.0
North Central	1029	50.6	3.2	24.7	19.3	2.1	0.0
South	1035	61.0	4.7	20.3	11.5	2.5	0.0
West	563	52.6	2.8	24.5	18.8	0.8	0.4
Population Density:							
Large SMSA	911	50.0	3.7	28.5	16.9	0.9	0.0
Other SMSA	1372	51.6	3.9	24.0	18.0	2.3	0.2
Non-SMSA	1153	57.7	3.1	22.0	15.1	2.1	0.0

NOTE: See Appendix D for definition of variables.

[a] This question is asked in one form only; figures are based on all respondents, whether or not they use the drug.

FIGURE 2-1

Marijuana: Trends in Lifetime Prevalence for Earlier Grade Levels Based on Retrospective Reports from Seniors

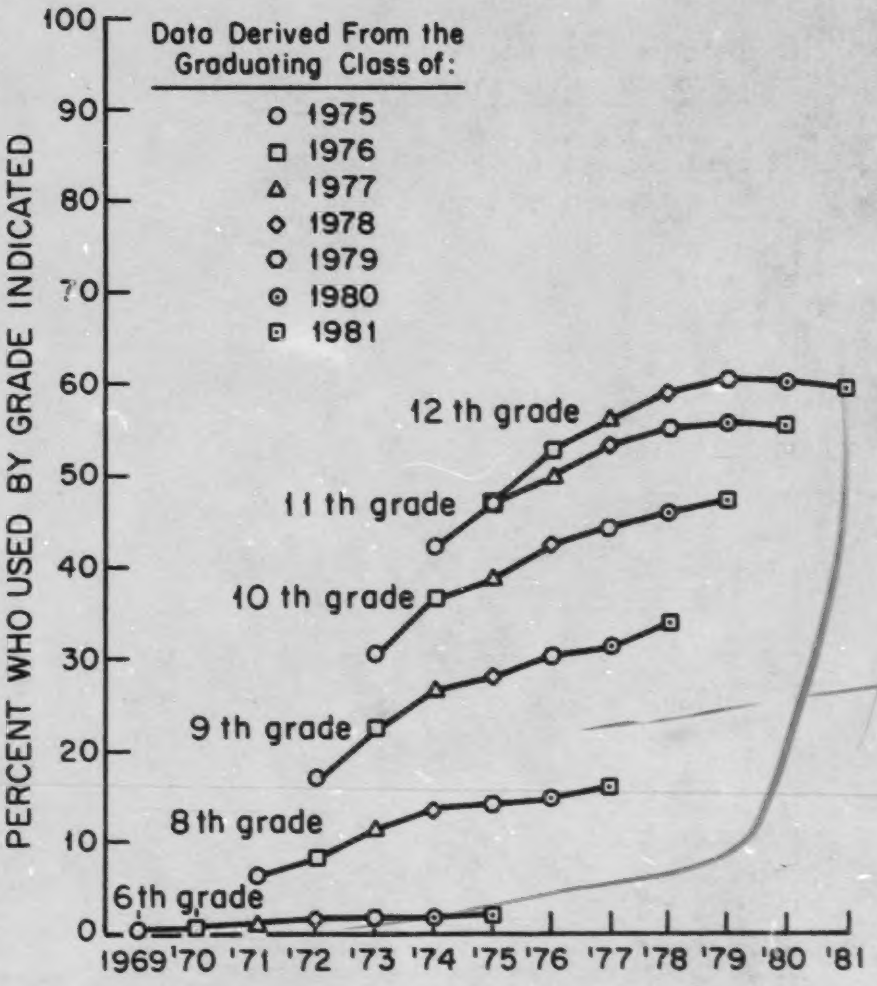
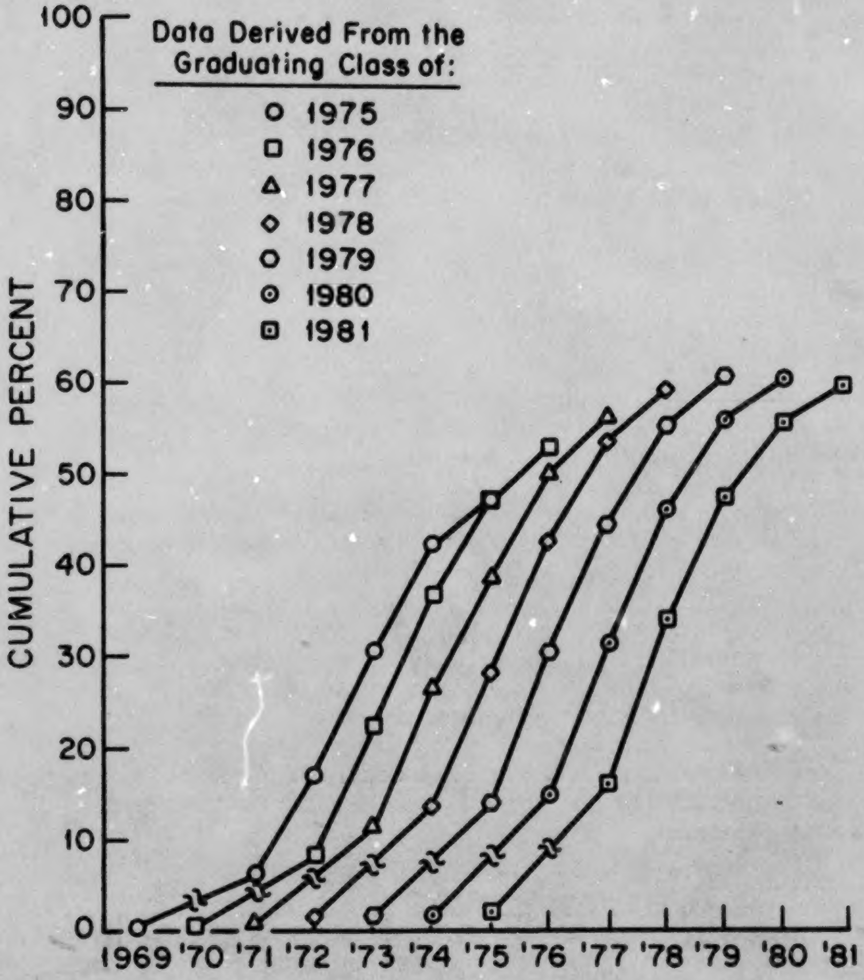


FIGURE 2-2

Marijuana: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

Chapter 3

INHALANTS

Inhalants constitute the only class of drug which is defined not in terms of pharmacological properties, but rather in terms of mode of administration. The definition includes any aerosol or gaseous fumes, other than smoke, which are inhaled for the purpose of making the users feel good or high or intoxicated. Glue, paint thinner, aerosols from spray cans, and many other classes of chemicals have been used by youngsters for this purpose. Questions on inhalants were added to the survey for the first time in 1976 at the suggestion of NIDA officials. Therefore, trend data are available only since then.

Two classes of inhalants which have come into more popular use in recent years are the amyl nitrites (known as "poppers" and "snappers") and butyl nitrites (known by such brand names as Locker Room, Rush, etc.). Questions specifically about these drugs were added in 1979. As we suspected, overall prevalence estimates for inhalant use were being understated, since some users of the nitrites were not reporting such use in answer to the more general questions about inhalants. Therefore, corrected estimates for inhalant use were introduced in 1979 and have been retained since.* Because trend data on the unadjusted version are available for a longer time, they are presented throughout. The adjusted statistics are also given for the years in which they are available, but only for the sample as a whole. If the adjusted statistics for subgroups show a dramatically different picture than that suggested by the unadjusted ones, that fact will be noted in the text.

Prevalence of Use in 1981

Total Sample

	Table(s)
• One of every six seniors (or about 17%) has used an inhalant at some time. One in ten (10%) have used an amyl and/or butyl nitrite specifically.	2,2a
• However, a high proportion of all users have used inhalants only once or twice, indicating that most previous users were only experimenting.	6,6a
• Only 6% have used inhalants in the prior year (3.7% used nitrites specifically), the majority of whom used them only once or twice, and only 2.3% report use of inhalants in the prior month (1.4% used nitrites specifically).	3,3a,4, 4a,5,5a
• Very few report use on 20 or more occasions in their lifetime, and practically no one reports daily use during the previous 30-day interval.	6,6a

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*The adjustments are made by first looking at the degree of underestimation of inhalant use (stated as a percent) which occurs in the subsample of respondents completing the one questionnaire form which asks explicitly about the nitrites, and then adding that percent to the prevalence figures derived from the full sample.

Subgroup Differences

Table(s)

- Sex Differences. Prevalence is substantially higher among males than females for all three time intervals (lifetime, annual, and 30-day). For example, 5.1% of the males report inhalant use in the last year vs. 3.2% of the females. (The adjusted statistics are 7.6% vs. 4.5%). Nitrite use, specifically, is even more concentrated among males. 2,2a,3, 3a,4,4a

- College Plans. Those not expecting to graduate from a four-year college also have slightly higher prevalence rates than those expecting to graduate. The annual prevalence rates are 4.3% and 4.0%, respectively (or 6.7% and 5.5% in the adjusted version). 2,2a,3, 3a,4,4a

- Region of the Country. There are relatively small regional differences in inhalant use, particularly after the corrections for nitrite use have been made. The corrected annual statistics are 6.5% in the West, 6.1% in the Northeast, 5.9% in the North Central, and 5.8% in the South. 2,2a,3, 3a,4,4a

- Population Density. No important differences emerge among the three population density groups in the prevalence of inhalant use. 2,2a,3, 3a,4,4a

Recent Trends in Prevalence

Total Sample

- Inhalant use had been rising steadily in the mid-1970's. Annual prevalence (in the unadjusted version) rose from 3.0% in 1976 to 5.4% in 1979. 2,2a,3, 3a,4,4a

- Since 1979, however, there has been a decline—in part due to a substantial drop in the use of the amyl and butyl nitrites, for which annual prevalence declined from 6.5% in 1979 to 3.7% in 1981. 2,2a,3, 3a,4,4a

Subgroup Differences in Trends

- The substantial decline of the last two years is also observed among all subgroups (defined by sex, college plans, region, and population density), with one exception. 2,2a,3, 3a,4,4a

- In the West there has not been any appreciable decline observed either in overall inhalant use or in nitrite use. 2,2a,3, 3a,4,4a

Use at Earlier Grade Levels

- The grade of first use figures, to be discussed below for inhalants are unadjusted for known underreporting of the nitrites. This is because the questions regarding first use of the nitrites are on a different questionnaire form than those regarding first use of inhalants taken as a general class.

	Table(s)
• Among those who have tried inhalants, initial use tended to occur early for many—that is prior to 10th grade—although nitrite use, specifically, is more likely to occur in the later grades.	7,7a
• Males and the noncollege-bound are disproportionately likely to have used very early (i.e., below 7th grade).	8,8a
• Trends in age at onset are not available for a very long period. However, they do show some evidence of the beginning of a decline in inhalant use at most grade levels during the last half of the seventies—a decline which then started to reverse with the advent of the nitrite inhalants. Since the nitrites now appear to be losing popularity, we suspect that inhalant use is once again dropping for earlier grade levels, though we will not be able to document this contention for several years.	7,7a, Fig 1,1a

TABLE 3-1

Inhalants: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases[a] (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	14000	12.3	1.5	2.6	8.2	87.7
Adjusted[b]		*17.4*	*2.3*	*3.7*	*11.4*	*82.6*
Sex:						
Male	6700	15.3	1.9	3.2	10.2	84.7
Female	6900	9.4	1.1	2.1	6.2	90.6
College Plans:						
None or under 4 yrs	5400	14.1	1.6	2.7	9.8	85.9
Complete 4 yrs	7700	11.0	1.5	2.5	7.0	89.0
Region:						
Northeast	3300	15.0	1.9	3.3	9.8	85.0
North Central	4300	11.7	1.5	2.3	7.9	88.3
South	4200	10.3	1.2	2.0	7.1	89.7
West	2200	13.1	1.7	3.0	8.4	86.9
Population Density:						
Large SMSA	3600	12.2	2.1	2.6	7.5	87.8
Other SMSA	5700	12.2	1.3	2.7	8.2	87.8
Non-SMSA	4700	12.5	1.3	2.4	8.8	87.5

NOTE: See Appendix D for definition of variables in table.

[a] There are fewer total respondents for this drug because it was intentionally omitted from one form of the questionnaire.

[b] Adjusted for known underreporting of amyl and butyl nitrites. See text.

TABLE 3-1a

Amyl/Butyl Nitrites: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	3222	10.1	1.4	2.3	6.4	89.9
Sex:						
Male	1541	13.0	2.2	2.9	7.9	87.0
Female	1624	7.1	0.6	1.7	4.8	91.9
College Plans:						
None or under 4 yrs	1311	11.2	2.1	2.3	6.8	88.8
Complete 4 yrs	1803	9.3	1.0	2.4	5.9	90.7
Region:						
Northeast	694	13.3	0.9	3.1	9.3	86.7
North Central	1035	10.5	1.6	1.7	7.2	89.5
South	984	7.9	1.4	2.5	4.0	92.1
West	509	9.5	1.7	2.2	5.6	90.5
Population Density:						
Large SMSA	818	10.1	1.3	2.1	6.7	89.9
Other SMSA	1282	11.0	1.5	3.0	6.5	89.0
Non-SMSA	1122	9.2	1.4	1.7	6.1	90.8

NOTE: See Appendix D for definition of variables in table.

TABLE 3-2

Inhalants: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	NA	10.3	11.1	12.0	12.7	11.9	12.3	+0.4
Adjusted[a]	*NA*	*NA*	*NA*	*NA*	*18.7*	*17.6*	*17.4*	*-0.2*
Sex:								
Male	NA	12.6	14.1	14.7	15.4	14.2	15.3	+1.1
Female	NA	7.9	8.2	9.3	10.1	9.8	9.4	-0.4
College Plans:								
None or under 4 yrs	NA	12.4	13.5	14.8	15.2	13.9	14.1	+0.2
Complete 4 yrs	NA	8.0	8.6	9.1	10.3	10.5	11.0	+0.5
Region:								
Northeast	NA	10.9	12.0	12.4	13.6	15.2	15.0	-0.2
North Central	NA	8.8	11.6	12.6	13.2	11.2	11.7	+0.5
South	NA	11.3	10.6	11.4	11.7	10.3	10.3	0.0
West	NA	10.1	9.5	11.1	12.1	11.5	13.1	+1.6
Population Density:								
Large SMSA	NA	9.9	10.2	10.9	10.8	13.2	12.2	-1.0
Other SMSA	NA	10.0	11.1	11.9	13.7	11.9	12.2	+0.3
Non-SMSA	NA	10.9	11.7	13.0	12.7	11.0	12.5	+1.5

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates question not asked.

[a] Adjusted for known underreporting of amyl and butyl nitrites (see text).

TABLE 3-2a

Amyl/Butyl Nitrites: Trends in Lifetime Prevalence of Use by Subgroups

	Number of Cases (Class of 1981)	Percent ever used							
		Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	3222	NA	NA	NA	NA	11.1	11.1	10.1	-1.0
Sex:									
Male	1541	NA	NA	NA	NA	15.3	15.3	13.0	-2.3
Female	1624	NA	NA	NA	NA	7.3	7.1	7.1	0.0
College Plans:									
None or under 4 yrs	1311	NA	NA	NA	NA	14.4	14.2	11.2	-3.0
Complete 4 yrs	1803	NA	NA	NA	NA	8.6	9.0	9.3	+0.3
Region:									
Northeast	694	NA	NA	NA	NA	13.8	14.2	13.3	-0.9
North Central	1035	NA	NA	NA	NA	10.1	10.6	10.5	-0.1
South	984	NA	NA	NA	NA	11.6	11.3	7.9	-3.4s
West	509	NA	NA	NA	NA	8.4	8.0	9.5	+1.5
Population Density:									
Large SMSA	818	NA	NA	NA	NA	12.9	12.3	10.1	-2.2
Other SMSA	1282	NA	NA	NA	NA	10.9	11.6	11.0	-0.6
Non-SMSA	1122	NA	NA	NA	NA	10.2	9.7	9.2	-0.7

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 3-3

Inhalants: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	NA	3.0	3.7	4.1	5.4	4.6	4.1	-0.5
Adjusted[a]	*NA*	*NA*	*NA*	*NA*	*9.2*	*7.8*	*6.0*	*-1.8ss*
Sex:								
Male	NA	3.8	5.1	5.6	6.7	5.9	5.1	-0.8
Female	NA	2.0	2.4	2.8	4.2	3.5	3.2	-0.3
College Plans:								
None or under 4 yrs	NA	3.6	4.7	5.0	6.3	5.0	4.3	-0.7
Complete 4 yrs	NA	2.2	2.9	3.4	4.5	4.3	4.0	-0.3
Region:								
Northeast	NA	3.2	4.1	4.4	6.4	6.0	5.2	-0.8
North Central	NA	2.6	4.2	4.8	5.9	4.6	3.8	-0.8
South	NA	3.8	3.3	3.6	4.3	3.4	3.2	-0.2
West	NA	1.7	3.0	3.6	4.9	4.9	4.7	-0.2
Population Density:								
Large SMSA	NA	2.9	3.4	3.4	5.1	5.7	4.7	-1.0
Other SMSA	NA	2.6	3.6	3.7	4.8	4.2	4.0	-0.2
Non-SMSA	NA	3.4	4.2	5.3	6.2	4.4	3.7	-0.7

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] Adjusted for known underreporting of amyl and butyl nitrites (see text).

TABLE 3-3a

Amyl/Butyl Nitrites: Trends in Annual Prevalence of Use by Subgroups

	Number of Cases (Class of 1981)	Percent who used in last twelve months Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	3219	NA	NA	NA	NA	6.5	5.7	3.7	-2.0ss
Sex:									
Male	1542	NA	NA	NA	NA	9.3	7.5	5.1	-2.4s
Female	1621	NA	NA	NA	NA	4.0	3.9	2.3	-1.6s
College Plans:									
None or under 4 yrs	1307	NA	NA	NA	NA	8.9	7.4	4.4	-3.0s
Complete 4 yrs	1805	NA	NA	NA	NA	4.9	4.6	3.4	-1.2
Region:									
Northeast	695	NA	NA	NA	NA	8.3	7.5	4.0	-3.5s
North Central	1034	NA	NA	NA	NA	6.0	4.5	3.3	-1.2
South	983	NA	NA	NA	NA	7.2	6.6	3.9	-2.7s
West	507	NA	NA	NA	NA	3.8	4.1	3.9	-0.2
Population Density:									
Large SMSA	817	NA	NA	NA	NA	7.3	5.8	3.4	-2.4
Other SMSA	1280	NA	NA	NA	NA	5.8	5.9	4.5	-1.4
Non-SMSA	1122	NA	NA	NA	NA	6.9	5.4	3.1	-2.3s

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 3-4

Inhalants: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	NA	0.9	1.3	1.5	1.7	1.4	1.5	+0.1
Adjusted[a]	*NA*	*NA*	*NA*	*NA*	*3.1*	*2.7*	*2.3*	*-0.4*
Sex:								
Male	NA	1.3	1.9	2.1	2.2	1.8	1.9	+0.1
Female	NA	0.5	0.7	0.9	1.3	1.0	1.1	+0.1
College Plans:								
None or under 4 yrs	NA	1.1	1.8	2.0	1.9	1.5	1.6	+0.1
Complete 4 yrs	NA	0.7	0.9	1.0	1.6	1.3	1.5	+0.2
Region:								
Northeast	NA	1.2	1.3	1.6	1.7	1.4	1.9	+0.5
North Central	NA	0.8	1.4	1.6	1.9	1.7	1.5	-0.2
South	NA	0.9	1.1	1.4	1.4	1.3	1.2	-0.1
West	NA	0.7	1.5	1.2	1.8	0.9	1.7	+0.8s
Population Density:								
Large SMSA	NA	1.0	1.1	1.5	1.7	1.4	2.1	+0.7
Other SMSA	NA	0.8	1.3	1.2	1.8	1.1	1.3	+0.2
Non-SMSA	NA	0.9	1.6	1.9	1.7	1.6	1.3	-0.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] Adjusted for known underreporting of amyl and butyl nitrites (see text).

TABLE 3-4a

Amyl/Butyl Nitrites: Trends in Thirty-Day Prevalence of Use by Subgroups

	Number of Cases (Class of 1981)	Percent who used in last thirty days							
		Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	3219	NA	NA	NA	NA	2.4	1.8	1.4	-0.4
Sex:									
Male	1542	NA	NA	NA	NA	3.4	2.4	2.2	-0.2
Female	1620	NA	NA	NA	NA	1.3	1.0	0.6	-0.4
College Plans:									
None or under 4 yrs	1307	NA	NA	NA	NA	3.1	2.5	2.1	-0.4
Complete 4 yrs	1805	NA	NA	NA	NA	1.8	1.3	1.0	-0.3
Region:									
Northeast	695	NA	NA	NA	NA	2.5	2.4	0.9	-0.5
North Central	1034	NA	NA	NA	NA	1.9	1.0	1.6	+0.6
South	983	NA	NA	NA	NA	3.1	2.5	1.4	-1.1
West	507	NA	NA	NA	NA	1.8	1.1	1.7	+0.2
Population Density:									
Large SMSA	817	NA	NA	NA	NA	2.6	1.2	1.3	+0.1
Other SMSA	1280	NA	NA	NA	NA	1.5	1.7	1.5	-0.2
Non-SMSA	1121	NA	NA	NA	NA	3.3	2.3	1.4	-0.9

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of varialbes in table.

NA indicates data not available.

TABLE 3-5

Inhalants: Frequency of Use in the Last Year by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Number of occasions in last 12 months						
		None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	14000	95.9	2.3	0.8	0.4	0.3	0.1	0.2
Sex:								
Male	6700	94.9	2.9	1.1	0.4	0.3	0.2	0.2
Female	6900	96.8	1.8	0.5	0.4	0.2	0.1	0.1
College Plans:								
None or under 4 yrs	5400	95.7	2.6	0.8	0.4	0.3	0.2	0.1
Complete 4 yrs	7700	96.0	2.1	0.8	0.5	0.2	0.2	0.2
Region:								
Northeast	3300	94.8	2.9	0.9	0.6	0.4	0.4	0.1
North Central	4300	96.2	2.0	0.9	0.4	0.3	0.1	0.2
South	4200	96.8	2.1	0.5	0.3	0.1	0.1	0.1
West	2200	95.3	2.5	0.8	0.6	0.3	0.1	0.4
Population Density:								
Large SMSA	3600	95.3	2.4	0.8	0.7	0.4	0.3	0.1
Other SMSA	5700	96.0	2.3	0.8	0.3	0.3	0.1	0.2
Non-SMSA	4700	96.3	2.2	0.7	0.3	0.2	0.1	0.2

NOTE: See Appendix D for definition of variables in table.

TABLE 3-5a

Amyl/Butyl Nitrites: Frequency of Use in the Last Year by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Number of occasions in last 12 months						
		None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	3219	96.3	2.3	0.4	0.4	0.3	0.1	0.2
Sex:								
Male	1542	94.9	3.0	0.6	0.6	0.6	0.1	0.3
Female	1620	97.7	1.6	0.3	0.3	0.0	0.1	0.0
College Plans:								
None or under 4 yrs	1307	95.6	2.6	0.4	0.5	0.5	0.2	0.2
Complete 4 yrs	1805	96.6	2.1	0.4	0.4	0.1	0.1	0.3
Region:								
Northeast	695	96.0	2.4	0.6	0.2	0.3	0.3	0.2
North Central	1034	96.7	1.9	0.2	0.6	0.3	0.0	0.3
South	983	96.1	2.3	0.4	0.6	0.3	0.1	0.2
West	507	96.1	2.7	0.5	0.2	0.1	0.2	0.3
Population Density:								
Large SMSA	817	96.6	2.6	0.3	0.2	0.3	0.1	0.0
Other SMSA	1280	95.5	2.5	0.6	0.5	0.4	0.3	0.2
Non-SMSA	1122	96.9	1.7	0.2	0.5	0.2	0.0	0.4

NOTE: See Appendix D for definition of variables in table.

TABLE 3-6

Inhalants: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Lifetime use							
No occasion	NA	89.7	88.9	88.0	87.3	88.1	87.7
1-2 occasions	NA	6.4	6.6	7.0	7.6	7.2	7.5
3-5 occasions	NA	1.7	1.8	2.0	2.0	2.0	2.2
6-9 occasions	NA	0.8	1.1	1.1	1.1	1.1	1.1
10-19 occasions	NA	0.7	0.7	0.8	1.0	0.8	0.7
20-39 occasions	NA	0.3	0.4	0.4	0.5	0.4	0.2
40 or more	NA	0.4	0.4	0.6	0.5	0.5	0.5
N =	(NA)	(12827)	(14186)	(14648)	(12892)	(12793)	(14230)
Use in last twelve months							
No occasions	NA	97.0	96.3	95.9	94.6	95.4	95.9
1-2 occasions	NA	1.8	2.3	2.3	2.9	2.7	2.3
3-5 occasions	NA	0.6	0.7	0.8	1.2	0.9	0.8
6-9 occasions	NA	0.2	0.3	0.4	0.6	0.4	0.4
10-19 occasions	NA	0.2	0.2	0.3	0.3	0.3	0.3
20-39 occasions	NA	0.1	0.1	0.1	0.2	0.1	0.1
40 or more	NA	0.1	0.1	0.2	0.2	0.2	0.2
N =	(NA)	(12809)	(14160)	(14623)	(12882)	(12776)	(14218)
Use in last thirty days							
No occasions	NA	99.1	98.7	98.5	98.3	98.6	98.5
1-2 occasions	NA	0.6	0.9	0.9	1.2	0.9	1.0
3-5 occasions	NA	0.1	0.2	0.3	0.3	0.2	0.2
6-9 occasions	NA	0.0	0.1	0.1	0.1	0.1	0.2
10-19 occasions	NA	0.0	0.0	0.1	0.1	0.1	0.1
20-39 occasions	NA	0.0	0.0	0.0	0.2	0.1	0.1
40 or more	NA	0.0	0.0	0.1	0.0	0.0	0.0
N =	(NA)	(12800)	(14159)	(14617)	(12874)	(12768)	(14218)
Probability of future use							
Definitely will not	NA	NA	NA	NA	NA	NA	NA
Probably will not	NA	NA	NA	NA	NA	NA	NA
Probably will	NA	NA	NA	NA	NA	NA	NA
Definitely will	NA	NA	NA	NA	NA	NA	NA
N =	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)

NOTE: NA indicates question not asked.

TABLE 3-6a

Amyl/Butyl Nitrites: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Lifetime use							
No occasion	NA	NA	NA	NA	88.9	88.9	89.9
1-2 occasions	NA	NA	NA	NA	6.0	5.8	5.6
3-5 occasions	NA	NA	NA	NA	2.0	2.1	2.3
6-9 occasions	NA	NA	NA	NA	1.2	1.2	0.5
10-19 occasions	NA	NA	NA	NA	0.7	0.9	0.7
20-39 occasions	NA	NA	NA	NA	0.5	0.4	0.7
40 or more	NA	NA	NA	NA	0.7	0.8	0.4
N =	(NA)	(NA)	(NA)	(NA)	(2905)	(2907)	(3222)
Use in last twelve months							
No occasions	NA	NA	NA	NA	93.5	94.3	96.3
1-2 occasions	NA	NA	NA	NA	3.5	3.2	2.3
3-5 occasions	NA	NA	NA	NA	1.2	0.9	0.4
6-9 occasions	NA	NA	NA	NA	0.8	0.6	0.4
10-19 occasions	NA	NA	NA	NA	0.5	0.4	0.3
20-39 occasions	NA	NA	NA	NA	0.2	0.2	0.1
40 or more	NA	NA	NA	NA	0.3	0.3	0.2
N =	(NA)	(NA)	(NA)	(NA)	(2894)	(2905)	(3219)
Use in last thirty days							
No occasions	NA	NA	NA	NA	97.6	98.2	98.6
1-2 occasions	NA	NA	NA	NA	1.5	1.2	0.7
3-5 occasions	NA	NA	NA	NA	0.4	0.2	0.3
6-9 occasions	NA	NA	NA	NA	0.3	0.1	0.2
10-19 occasions	NA	NA	NA	NA	0.1	0.1	0.1
20-39 occasions	NA	NA	NA	NA	0.0	0.0	0.0
40 or more	NA	NA	NA	NA	0.0	0.1	0.1
N =	(NA)	(NA)	(NA)	(NA)	(2893)	(2906)	(3219)
Probability of future use							
Definitely will not	NA	NA	NA	NA	NA	NA	NA
Probably will not	NA	NA	NA	NA	NA	NA	NA
Probably will	NA	NA	NA	NA	NA	NA	NA
Definitely will	NA	NA	NA	NA	NA	NA	NA
N =	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)

NOTE: NA indicates question not asked.

TABLE 3-7

Inhalants: Trends in Grade in Which First Used

	Percent reporting first use in each grade						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Sixth grade (or below)	NA	NA	NA	1.7	1.3	1.4	1.7
Seventh or Eighth grade	NA	NA	NA	3.0	3.5	2.4	2.5
Ninth grade	NA	NA	NA	2.9	1.3	1.9	2.8
Tenth grade	NA	NA	NA	1.7	2.7	2.5	2.0
Eleventh grade	NA	NA	NA	1.7	2.2	2.0	1.7
Twelfth grade	NA	NA	NA	1.1	1.7	1.7	1.7
Never used	NA	NA	NA	88.0	87.3	88.1	87.7
N[a] =	(NA)	(NA)	(NA)	(2801)	(2526)	(2596)	(2896)

NOTE: NA indicates data not available.

[a] This question was asked in one form only, beginning in 1978.

TABLE 3-7a

Amyl/Butyl Nitrites: Trends in Grade in Which First Used

	Percent reporting first use in each grade						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Sixth grade (or below)	NA	NA	NA	NA	NA	0.1	0.1
Seventh or Eighth grade	NA	NA	NA	NA	NA	1.2	1.1
Ninth grade	NA	NA	NA	NA	NA	2.2	2.7
Tenth grade	NA	NA	NA	NA	NA	2.6	3.1
Eleventh grade	NA	NA	NA	NA	NA	3.2	1.8
Twelfth grade	NA	NA	NA	NA	NA	1.8	1.2
Never used	NA	NA	NA	NA	NA	88.9	89.9
N^a =	(NA)	(NA)	(NA)	(NA)	(NA)	(2775)	(3101)

NOTE: NA indicates data not available.

[a] This question was asked in one form only, beginning in 1980.

TABLE 3-8

Inhalants: Grade in Which First Used by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Grade in school: 6 or below	7/8	9	10	11	12	Never used
All seniors	3200	1.7	2.5	2.8	2.0	1.7	1.7	87.7
Sex:								
Male	1500	2.6	2.9	3.3	2.6	2.2	1.8	84.7
Female	1600	0.9	2.4	2.1	1.7	1.2	1.2	90.6
College Plans:								
None or under 4 yrs	1200	1.7	3.5	4.6	1.9	1.1	1.3	85.9
Complete 4 yrs	1800	1.3	1.9	1.9	2.1	1.9	1.8	89.0
Region:								
Northeast	700	1.9	2.2	3.7	3.2	1.9	2.2	85.0
North Central	1000	1.9	2.4	3.1	1.9	0.9	1.4	88.3
South	1000	0.4	2.9	2.6	0.9	2.2	1.3	89.7
West	500	2.7	2.5	1.4	2.6	1.9	2.0	86.9
Population Density:								
Large SMSA	800	0.9	1.2	2.5	3.1	1.6	2.8	87.8
Other SMSA	1300	1.3	2.5	3.4	1.8	1.8	1.5	87.8
Non-SMSA	1100	2.8	3.9	2.2	1.5	1.3	0.9	87.5

NOTE: See Appendix D for definition of variables in table.

TABLE 3-8a

Nitrites: Grade in Which First Used by Subgroups, Class of 1981

(Entries are percentages)

		Grade in school						
	Number of Cases (Approx.)	6 or below	7/8	9	10	11	12	Never used
All seniors	3200	0.1	1.1	2.7	3.1	1.8	1.2	89.9
Sex:								
Male	1500	0.2	1.2	3.7	4.2	2.2	1.4	87.0
Female	1600	0.0	1.0	1.7	2.0	1.6	0.7	92.9
College Plans:								
None or under 4 yrs	1200	0.3	1.6	2.9	3.3	2.0	1.1	88.8
Complete 4 yrs	1800	0.1	0.9	2.6	2.8	1.6	1.2	90.7
Region:								
Northeast	700	0.1	1.8	4.0	4.2	1.2	2.0	86.7
North Central	1000	0.1	1.0	3.2	3.0	1.5	0.6	89.5
South	1000	0.2	0.7	2.1	2.5	1.4	1.0	92.1
West	500	0.1	1.2	2.0	2.4	2.3	1.5	90.5
Population Density:								
Large SMSA	800	0.0	1.1	2.1	3.7	1.7	1.6	89.9
Other SMSA	1300	0.4	1.4	2.8	3.4	1.8	1.3	89.0
Non-SMSA	1100	0.0	0.8	3.4	2.2	2.0	0.8	90.8

NOTE: See Appendix D for definition of variables in table.

TABLE 3-9

Inhalants: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	NA	NA	NA	7.6	6.1	5.7	7.0	+1.3ss
Sex:								
Male	NA	NA	NA	9.5	7.3	5.4	8.8	+3.4sss
Female	NA	NA	NA	5.8	5.0	5.8	5.4	-0.4
College Plans:								
None or under 4 yrs	NA	NA	NA	9.8	7.8	6.4	9.8	+3.4sss
Complete 4 yrs	NA	NA	NA	5.7	4.2	5.0	5.1	+0.1
Region:								
Northeast	NA	NA	NA	6.8	6.2	5.2	7.8	+2.6s
North Central	NA	NA	NA	8.5	6.2	6.1	7.4	+1.3
South	NA	NA	NA	7.2	6.1	5.0	5.9	+0.9
West	NA	NA	NA	7.8	5.8	5.6	6.6	+1.0
Population Density:								
Large SMSA	NA	NA	NA	6.3	5.6	5.4	4.6	-0.8
Other SMSA	NA	NA	NA	7.5	7.3	6.4	7.2	+0.8
Non-SMSA	NA	NA	NA	8.6	4.7	4.6	8.9	+4.3sss

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only, beginning in 1978.

TABLE 3-9a

Nitrites: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	NA	NA	NA	NA	NA	3.5	3.9	+0.4
Sex:								
Male	NA	NA	NA	NA	NA	5.5	5.1	-0.4
Female	NA	NA	NA	NA	NA	1.6	2.7	+1.1
College Plans:								
None or under 4 yrs	NA	NA	NA	NA	NA	5.1	4.8	-0.3
Complete 4 yrs	NA	NA	NA	NA	NA	2.4	3.6	+1.2
Region:								
Northeast	NA	NA	NA	NA	NA	5.3	5.9	+0.6
North Central	NA	NA	NA	NA	NA	3.4	4.3	+0.9
South	NA	NA	NA	NA	NA	3.2	3.0	-0.2
West	NA	NA	NA	NA	NA	2.4	3.3	+0.9
Population Density:								
Large SMSA	NA	NA	NA	NA	NA	3.7	3.2	-0.5
Other SMSA	NA	NA	NA	NA	NA	3.6	4.6	+1.0
Non-SMSA	NA	NA	NA	NA	NA	3.3	4.2	+0.9

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only, beginning in 1980.

FIGURE 3-1

Inhalants: Trends in Lifetime Prevalence for Earlier Grade Levels Based on Retrospective Reports from Seniors

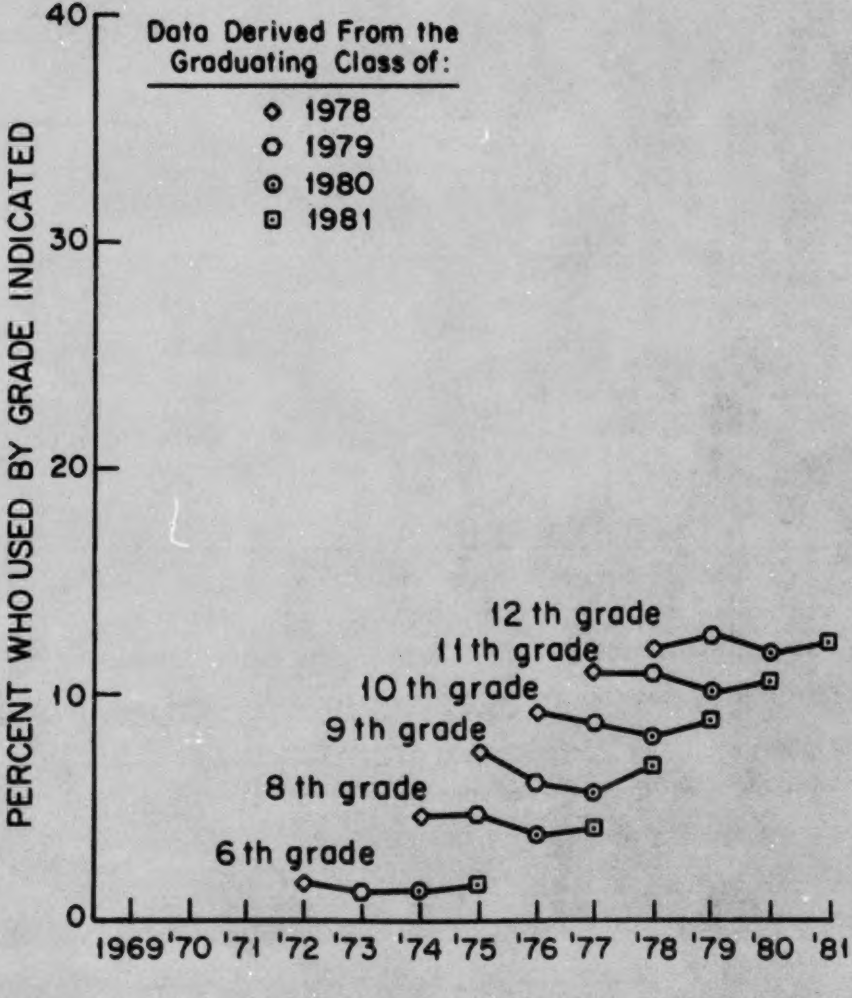


FIGURE 3-1a

Nitrites: Trends in Lifetime Prevalence for Earlier Grade Levels Based on Retrospective Reports from Seniors

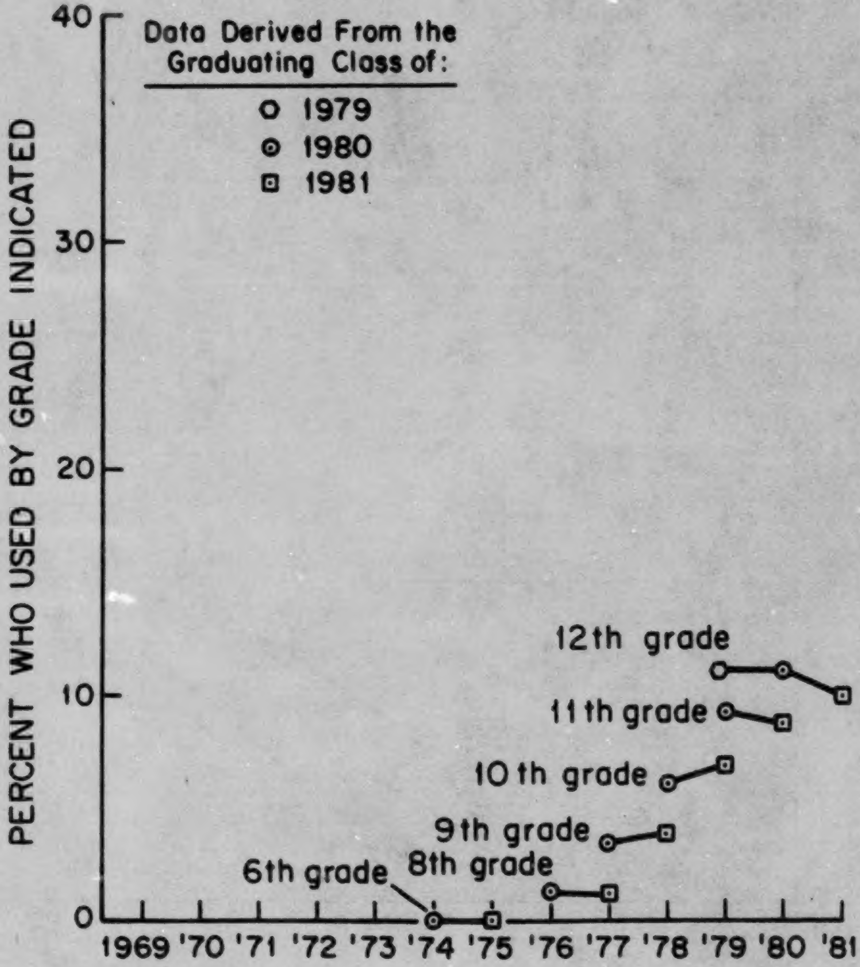
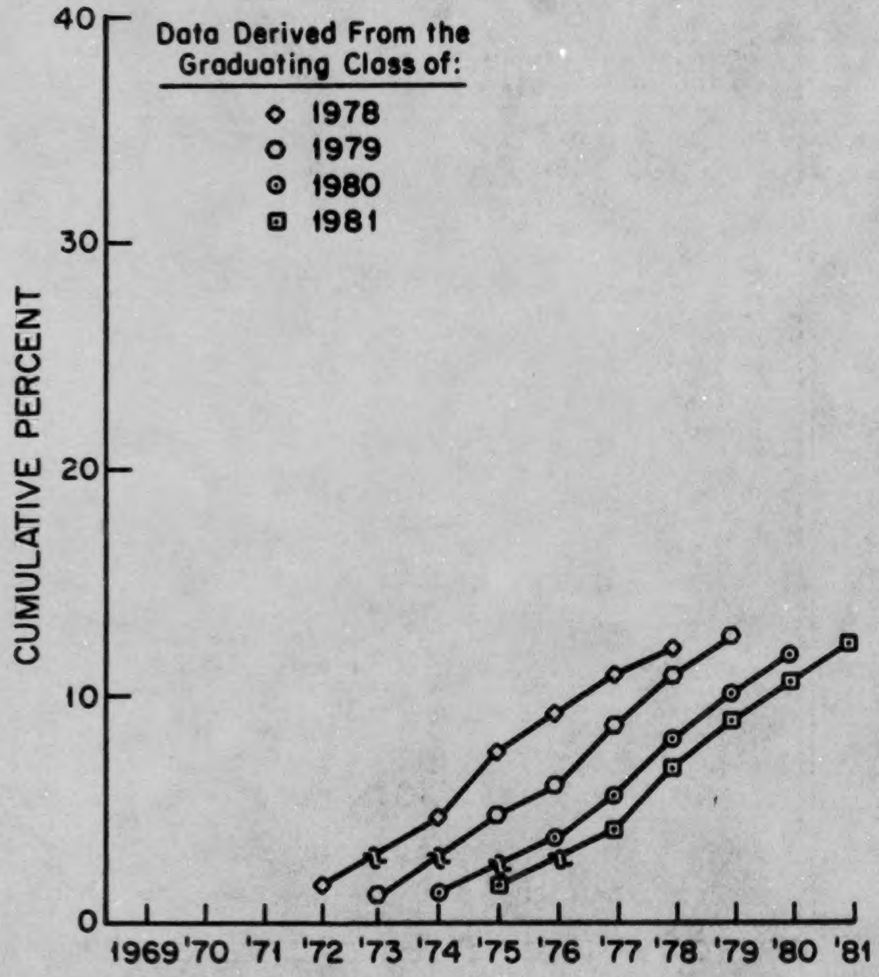


FIGURE 3-2

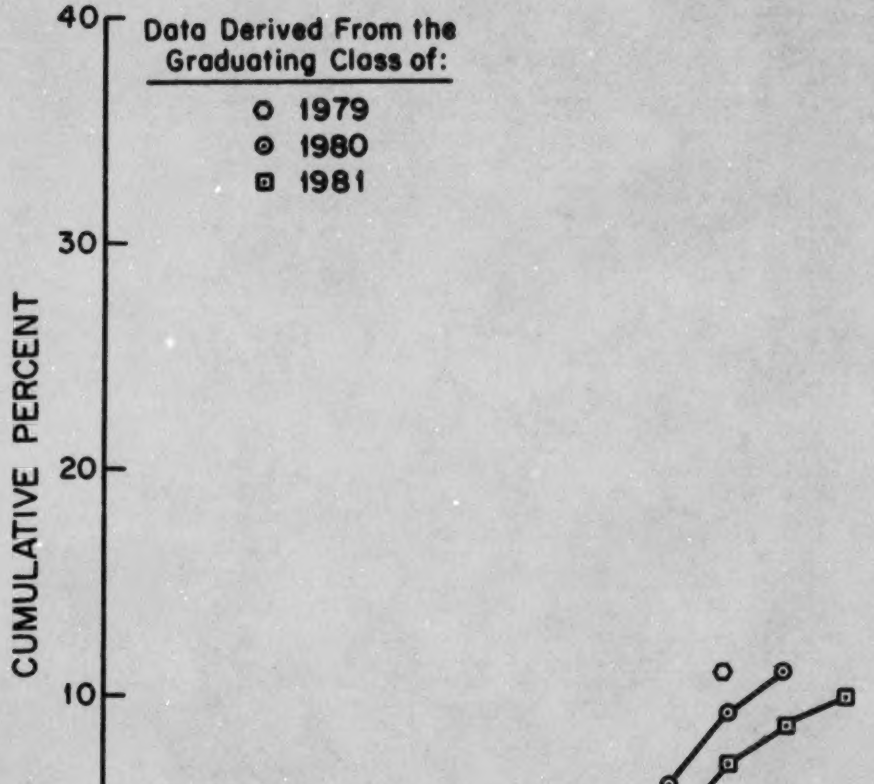
Inhalants: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

FIGURE 3-2a

Nitrites: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

Chapter 4

HALLUCINOGENS

The original questions included in this study asked separately about "LSD" and "other psychedelics." (See Appendix D for the exact question wordings.) In this series of reports they have been combined and presented under the general title of hallucinogens (which is synonymous with psychedelics) in order to heighten the comparability with the reports from the national household survey on drug use. (The national household survey did not differentiate LSD from other psychedelics and used the general term hallucinogens to denote this class of drugs.)

While there are various drugs which have hallucinogenic properties, it is a generally accepted fact that the specific hallucinogenic drug acquired often is not what the user believes it to be. LSD and PCP, for example, may be passed off to unsuspecting customers as THC, peyote, or mescaline. Thus, the ability of respondents to report accurately which of the hallucinogens they actually used on various occasions is somewhat blurred, which strengthens the case for grouping them into a single category.

Because PCP (phencyclidine) appeared to be rising in popularity in the late 1970's, and because it gave rise to some considerable concern among health authorities, beginning in 1979 we added some specific questions about its use on a single questionnaire form. It was then that we discovered that the self-reported use of "hallucinogens other than LSD" was artificially low, because some PCP users were not reporting themselves as users of "hallucinogens other than LSD." (This happened in spite of the fact that PCP was stated explicitly as an example of the drugs which should be included in the category; see Johnston (1982) for a discussion of this problem.) As a result, we provide here figures for the general "Hallucinogens" category which are adjusted for the known underreporting of PCP.* As will be seen, the underestimation was greatest when PCP use was at its highest levels and relatively little underestimation occurs in the unadjusted 1981 figures.

Prevalence of Use in 1981

Total Sample	Table(s)
• Approximately one out of every six of this year's seniors has used a hallucinogen at some time (i.e., a lifetime prevalence of about 16%). Slightly more had tried LSD (10%) than have tried PCP (8%). During the previous twelve months about 10% had used one or more hallucinogens, but during this more recent interval twice as many had used LSD (6.5%) as had used PCP (3.2%).	1,1a,1b, 3,3a,3b

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*Because trend data on the unadjusted version are available for a longer time, they are presented throughout. The adjusted statistics are also given for the years in which they are available, but only for a sample as a whole. If the adjusted statistics for subgroups show a different picture than that suggested by the unadjusted ones, that fact will be noted in the text.

	Table(s)
• Reported prevalence of hallucinogen use for the previous month is 4.4%; and daily use is practically nonexistent (0.1%).	4,6
• Only 1.8% report using hallucinogens (unadjusted) on 20 or more occasions in their lifetime, with 1.0% saying they had used LSD that many times and 1.0% saying they used PCP that often.	6,6a,6b
Subgroup Differences	
• Sex Differences. Hallucinogen use tends to be substantially higher among males as among females. For example, the annual unadjusted prevalence figures are 11% and 7% respectively. (Adjusted values are 12% and 8%.) This is also true for LSD and PCP specifically. About twice as many males (.8%) as females (.4%) report hallucinogen use (unadjusted) on 20 or more occasions during the previous year.	2,2a,2b, 3,3a,3b, 4,4a,4b, 5
• College Plans. Those not planning to complete four years of college report considerably higher prevalence figures on hallucinogen use for all three time intervals than those planning for college. Their annual prevalence, for example, is 11% vs. 7% for the college-bound. Frequent use is also disproportionately high among the noncollege-bound with .7% of them reporting hallucinogen use (unadjusted) on 20 plus occasions in the previous year vs. .4% of the college-bound. These differences hold for LSD and PCP, specifically, and are particularly sharp in the case of PCP.	2,2a,2b, 3,3a,3b, 4,4a,4b
• Region of the Country. There are sizeable regional differences in overall hallucinogen use. The Northeast shows the highest usage rates (e.g., about 14% adjusted prevalence in the last year) the North Central and West the next highest (at about 11%), while the South shows the lowest (e.g., 6% in the last year). These differences have been replicated consistently in the previous years of the study for overall hallucinogen use and for LSD specifically. However, PCP has shown a slightly different pattern in that the West has had the lowest rate, rather than the South.	2,2a,2b, 3,3a,3b, 4,4a,4b
• Population Density. There is a positive relationship between population density and the prevalence of hallucinogen use for all three time intervals—a relationship which has been replicated rather consistently. In 1981 the adjusted annual prevalence rates for hallucinogen use were 8%, 10%, and 13% for Non-SMSAs, Other SMSAs, and Large SMSAs, respectively. It is interesting to note, however, that in the specific case of PCP, this relationship with population density has never been as strong as for LSD, and it does not hold up this year for current use.	2,2a,2b, 3,3a,3b, 4,4a,4b

Recent Trends in Prevalence

Total Sample

Table(s)

- Hallucinogen use (unadjusted for underreporting of PCP) declined some in the middle of the decade (from 11.2% in 1975 to 9.6% in 1978 on annual prevalence), but his decline halted in 1979, and there has been rather little change since. 2,3,4

- LSD, has exhibited a trend pattern which is very similar to that of the class as a whole: that is, there was a decline from 1975 to 1977, but considerable stability since then. 2a,3a,4a

- The specific hallucinogen PCP showed a sizeable (and statistically significant) decrease again this year, after an even larger drop in 1980. (Measures for the use of this drug were started in 1979.) Annual prevalence, for example, dropped by one half in just two years, from 7.0% in 1979 to 3.2% in 1981. Oddly, although lifetime and annual prevalence both dropped significantly this year, 30-day prevalence remained stable at 1.4%. 2b,3b,4b

Subgroup Differences in Trends

- Between 1975 and 1981, changes in the prevalence of hallucinogen use (unadjusted) among the various subgroups tended to parallel the overall trends. The only exception was in the South, where there was a steady decline throughout the period. 2,3,4

- All subgroups have moved in a fairly parallel way in relation to LSD, as well. 2a,3a,4a

- PCP trends are only available over the first two years—a period of sharp decline in use. All subgroups also show a sharp decline. In the Northeast, which in 1979 had a particularly high rate (annual prevalence of 10.4%), the decline has been sharpest (to 3.5% in 1981). 2b,3b,4b

Use at Earlier Grade Levels

- Most of the class of 1981 who tried hallucinogens first did so after ninth grade, while rather few (1.1% of the sample) used before ninth grade. This has been true for all class cohorts, as Figure 1 illustrates. 7,Fig 1

- However, Figures 1 and 2 also illustrate that some important changes have been taking place across cohorts. During the period from 1970 to 1974, each of the cohorts studied here showed a very slight increase from the previous cohorts in lifetime prevalence by a given grade level (say 8th, 9th, or 10th grade). However, from 1975 to 1978 each cohort showed a lower lifetime prevalence than the preceding cohorts at the same grade level. Overall, this evidence is suggestive of an Fig 1,2

Table(s)

upward secular trend or period effect in hallucinogen use in the early 70's (that is, one which is observed among various age groups) and suggestive of a downward secular trend in the middle 70's.

- Since 1978 the pattern has been more mixed. Since '78 or so there is evidence of a possible rebound in the popularity of LSD, albeit a rather modest one to date. Fig 1a, 2a
- Since 1979, when PCP data were first available on more than one grade level, we see evidence of a sharp drop in the popularity of that hallucinogen. Fig 1b

Probability of Future Use

- The questions on the probability of future use asked about LSD specifically. Fewer than 3% of 1981 seniors expect to be using LSD five years in the future. 6a
- The vast majority (88%) say they "definitely will not" use LSD in the future, and about 9% say they "probably will not." 6a
- These figures have changed relatively little since 1975. 6a

Degree and Duration of Highs

- Users of LSD and users of all other hallucinogens (taken as a class) were asked separate sets of questions, which are reported in Tables 4-10a and 4-10b respectively. Seniors who reported any use of LSD in the prior 12 months were asked to state how high they usually got and how long they usually stayed high. Seniors who reported use of any of the other hallucinogens were asked similar questions. 10a,10b
- The great majority of LSD users (66%) report that they usually get "very high" on the drug, although the proportion has been dropping since 1975 when it was 79%. 10a
- Most LSD users (58%) also report that their highs usually last 7 hours or more. This proportion has also been dropping since 1975, when it was 74%. 10a
- Nearly half of the users of other hallucinogens (47%) report that they usually get "very high" on these drugs. (This is a smaller proportion than for LSD.) Since 1978 there has been a steady decline in degree of the highs experienced. 10b
- The other hallucinogens are somewhat shorter acting than LSD, with most users (58%) usually remaining high six hours or less. Still, a substantial proportion (42%) remain high for 7 or more hours. 10b
- There is no consistent trend in the duration of highs among users of other hallucinogens when respondents from the various graduating classes are compared. 10b

TABLE 4-1

Hallucinogens: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	17500	13.3	3.7	5.3	4.3	86.7
Adjusted[a]		*15.7*	*4.4*	*5.7*	*5.6*	*84.3*
Sex:						
Male	8400	15.5	4.6	6.3	4.6	84.5
Female	8600	10.6	2.6	4.2	3.8	89.4
College Plans:						
None or under 4 yrs	6700	15.7	4.3	6.4	5.0	84.3
Complete 4 yrs	9700	11.0	3.0	4.4	3.6	89.0
Region:						
Northeast	4100	18.1	6.3	6.6	5.2	81.9
North Central	5300	15.3	4.5	5.8	5.0	84.7
South	5300	6.6	1.4	2.7	2.5	93.4
West	2800	15.5	2.8	7.6	5.1	84.5
Population Density:						
Large SMSA	4500	17.6	5.3	6.7	5.6	82.4
Other SMSA	7100	13.5	3.7	5.3	4.5	86.5
Non-SMSA	5900	9.9	2.5	4.3	3.1	90.1

NOTE: See Appendix D for definition of variables in table.

[a] Adjusted for known underreporting of PCP. See text.

TABLE 4-1a

LSD: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	17500	9.8	2.5	4.0	3.3	90.2
Sex:						
Male	8400	11.7	3.4	4.6	3.7	88.3
Female	8600	7.4	1.4	3.3	2.7	92.6
College Plans:						
None or under 4 yrs	6700	11.8	2.9	5.1	3.8	88.2
Complete 4 yrs	9700	7.8	2.0	3.0	2.8	92.2
Region:						
Northeast	4100	12.1	4.1	4.9	3.1	87.9
North Central	5300	11.8	3.3	4.5	4.0	88.2
South	5300	5.2	1.1	2.3	1.8	94.8
West	2800	11.2	1.1	5.2	4.9	88.8
Population Density:						
Large SMSA	4500	12.0	3.3	4.7	4.0	88.0
Other SMSA	7100	10.5	2.6	4.3	3.6	89.5
Non-SMSA	5900	7.2	1.7	3.2	2.3	92.8

NOTE: See Appendix D for definition of variables in table.

TABLE 4-1b

PCP: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	3233	7.8	1.4	1.8	4.6	92.2
Sex:						
Male	1546	9.0	1.7	2.3	5.0	91.0
Female	1630	6.5	1.0	1.3	4.2	93.5
College Plans:						
None or under 4 yrs	1316	10.6	1.9	2.3	6.4	89.4
Complete 4 yrs	1809	5.6	1.0	1.4	3.2	94.4
Region:						
Northeast	693	10.6	1.5	2.0	7.1	89.4
North Central	1038	7.0	1.3	2.4	3.3	93.0
South	992	5.9	1.6	1.3	3.0	94.1
West	510	9.2	0.8	1.5	6.9	90.8
Population Density:						
Large SMSA	817	9.1	1.0	2.3	5.8	90.9
Other SMSA	1287	7.5	1.5	1.7	4.3	92.5
Non-SMSA	1129	7.1	1.5	1.6	4.0	92.9

NOTE: See Appendix D for definition of variables in table.

TABLE 4-2

Hallucinogens: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	16.3	15.1	13.9	14.3	14.1	13.3	13.3	0.0
Adjusted[a]	*NA*	*NA*	*NA*	*NA*	*18.6*	*15.7*	*15.7*	*0.0*
Sex:								
Male	18.1	17.2	15.8	16.5	16.1	16.1	15.5	-0.6
Female	14.6	12.6	11.7	11.7	11.5	10.4	10.6	+0.2
College Plans:								
None or under 4 yrs	NA	17.8	16.4	16.4	16.3	16.1	15.7	-0.4
Complete 4 yrs	NA	11.5	10.5	11.0	11.0	10.4	11.0	+0.6
Region:								
Northeast	19.1	16.8	15.3	17.8	18.2	17.4	18.1	+0.7
North Central	17.8	16.3	15.3	15.9	14.9	14.6	15.3	+0.7
South	12.6	12.5	11.5	9.8	8.7	8.7	6.6	-2.1s
West	16.6	15.5	13.4	15.4	16.3	14.0	15.5	+1.5
Population Density:								
Large SMSA	20.1	17.9	15.4	17.2	17.8	17.3	17.[illegible]	+0.3
Other SMSA	18.1	15.3	14.8	14.5	14.9	13.9	13.5	-0.4
Non-SMSA	11.8	12.9	11.4	11.5	10.1	9.6	9.9	+0.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] Adjusted for known underreporting of PCP (see text).

TABLE 4-2a

LSD: Trends in Lifetime Prevalence of Use by Subgroups

	Number of Cases (Class of 1981)	Percent ever used							
		Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	17500	11.3	11.0	9.8	9.7	9.5	9.3	9.8	+0.5
Sex:									
Male	8400	13.6	12.6	11.6	11.6	11.3	11.3	11.7	+0.4
Female	8600	9.7	9.0	8.0	7.5	7.3	7.1	7.4	+0.3
College Plans:									
None or under 4 yrs	6700	NA	12.8	12.0	11.4	11.6	11.7	11.8	+0.1
Complete 4 yrs	8600	NA	8.4	7.2	7.0	6.7	6.9	7.8	+0.9
Region:									
Northeast	4100	13.1	12.6	11.7	11.7	11.3	10.3	12.2	+1.9
North Central	5300	12.7	11.6	10.9	11.3	10.7	11.1	11.8	+0.7
South	5300	8.5	9.0	7.8	6.4	5.7	6.5	5.2	-1.3
West	2800	13.5	11.3	9.3	10.4	11.9	10.0	11.2	+1.2
Population Density:									
Large SMSA	4500	14.9	13.3	11.1	11.1	11.3	11.2	12.0	+0.8
Other SMSA	7100	11.9	11.5	10.2	9.8	10.2	9.7	10.5	+0.8
Non-SMSA	5900	8.4	8.8	8.3	8.2	7.2	7.5	7.2	-0.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 4-2b

PCP: Trends in Lifetime Prevalence of Use by Subgroups

	Number of Cases (Class of 1981)	Percent ever used							
		Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	3233	NA	NA	NA	NA	12.8	9.6	7.8	-0.8s
Sex:									
Male	1546	NA	NA	NA	NA	14.1	11.6	9.0	-2.6
Female	1630	NA	NA	NA	NA	11.7	7.5	6.5	-1.0
College Plans:									
None or under 4 yrs	1316	NA	NA	NA	NA	15.5	12.0	10.6	-1.4
Complete 4 yrs	1809	NA	NA	NA	NA	10.6	7.6	5.6	-2.0
Region:									
Northeast	693	NA	NA	NA	NA	19.0	14.1	10.6	-3.5
North Central	1038	NA	NA	NA	NA	10.3	8.2	7.0	-1.2
South	992	NA	NA	NA	NA	10.8	9.4	5.9	-3.5s
West	510	NA	NA	NA	NA	12.6	7.0	9.2	+1.2
Population Density:									
Large SMSA	817	NA	NA	NA	NA	16.7	14.4	9.1	-5.3ss
Other SMSA	1287	NA	NA	NA	NA	13.3	9.1	7.5	-1.6
Non-SMSA	1129	NA	NA	NA	NA	9.3	6.8	7.1	+0.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 4-3

Hallucinogens: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	11.2	9.4	8.8	9.6	9.9	9.3	9.0	-0.3
Adjusted[a]	*NA*	*NA*	*NA*	*NA*	*12.8*	*10.6*	*10.1*	*-0.5*
Sex:								
Male	13.7	11.6	10.8	11.6	11.8	11.7	10.9	-0.8
Female	9.0	6.9	6.5	7.3	7.6	6.7	6.8	+0.1
College Plans:								
None or under 4 yrs	NA	11.2	10.6	11.0	11.3	11.2	10.7	-0.5
Complete 4 yrs	NA	6.9	6.4	7.3	7.5	7.1	7.4	+0.3
Region:								
Northeast	13.2	10.9	10.6	13.0	12.9	12.2	12.9	+0.7
North Central	13.0	10.3	9.7	10.7	11.1	11.3	10.3	-1.0
South	8.5	7.4	6.8	6.3	5.7	5.4	4.1	-1.3
West	10.2	9.3	8.2	9.6	11.0	9.2	10.4	+1.2
Population Density:								
Large SMSA	13.9	11.1	9.9	11.9	12.3	11.6	12.0	+0.4
Other SMSA	12.1	9.8	9.1	9.3	10.5	9.8	9.0	-0.8
Non-SMSA	8.5	7.7	7.5	8.3	7.1	7.1	6.8	-0.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] Adjusted for known underreporting of PCP (see text).

TABLE 4-3a

LSD: Trends in Annual Prevalence of Use by Subgroups

	Number of Cases (Class of 1981)	Percent who used in last twelve months							
		Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	17500	7.2	6.4	5.5	6.3	6.6	6.5	6.5	0.0
Sex:									
Male	8400	9.6	7.9	7.1	7.8	8.0	8.1	8.0	-0.1
Female	8600	5.6	4.6	3.9	4.5	4.8	4.8	4.7	-0.1
College Plans:									
None or under 4 yrs	6700	NA	7.5	6.7	7.2	8.0	8.2	8.0	-0.2
Complete 4 yrs	9700	NA	4.7	4.0	4.6	4.5	4.7	5.0	+0.3
Region:									
Northeast	4100	8.5	8.0	7.2	8.0	7.9	6.8	9.0	+2.2s
North Central	5300	8.7	7.0	6.5	7.9	7.9	8.5	7.8	-0.7
South	5300	5.4	4.7	3.7	3.7	3.4	4.3	3.4	-0.9
West	2800	7.6	5.9	5.0	5.8	8.3	6.5	6.3	-0.2
Population Density:									
Large SMSA	4500	9.4	7.9	6.4	7.2	7.6	7.3	8.0	+0.7
Other SMSA	7100	7.4	6.8	5.6	6.1	7.3	6.8	6.9	+0.1
Non-SMSA	5900	5.7	4.8	4.8	5.8	4.9	5.6	4.9	-0.7

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 4-3b

PCP: Trends in Annual Prevalence of Use by Subgroups

	Number of Cases (Class of 1981)	Percent who used in last twelve months							
		Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	3232	NA	NA	NA	NA	7.0	4.4	3.2	-1.2s
Sex:									
Male	1545	NA	NA	NA	NA	7.8	5.6	4.0	-1.6
Female	1630	NA	NA	NA	NA	6.2	3.2	2.3	-0.9
College Plans:									
None or under 4 yrs	1314	NA	NA	NA	NA	8.8	5.5	4.2	-1.3
Complete 4 yrs	1810	NA	NA	NA	NA	5.7	3.6	2.4	-1.2
Region:									
Northeast	693	NA	NA	NA	NA	10.4	6.7	3.5	-3.2s
North Central	1037	NA	NA	NA	NA	6.2	4.3	3.7	-0.6
South	993	NA	NA	NA	NA	6.3	4.0	2.9	-1.1
West	508	NA	NA	NA	NA	5.1	2.3	2.3	0.0
Population Density:									
Large SMSA	816	NA	NA	NA	NA	8.5	5.8	3.3	-2.5
Other SMSA	1286	NA	NA	NA	NA	7.3	4.0	3.2	-0.8
Non-SMSA	1129	NA	NA	NA	NA	5.5	3.9	3.1	-0.8

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 4-4

Hallucinogens: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	4.7	3.4	4.1	3.9	4.0	3.7	3.7	0.0
Adjusted[a]	*NA*	*NA*	*NA*	*NA*	*5.5*	*4.4*	*4.4*	*0.0*
Sex:								
Male	6.0	4.5	5.5	4.8	4.7	4.8	4.6	-0.2
Female	3.6	2.2	2.5	2.7	2.9	2.5	2.6	+0.1
College Plans:								
None or under 4 yrs	NA	4.2	4.9	4.4	4.6	4.4	4.3	-0.1
Complete 4 yrs	NA	2.3	2.6	2.8	2.8	2.7	3.0	+0.3
Region:								
Northeast	5.5	4.3	4.8	5.4	5.3	4.8	6.3	+1.5s
North Central	5.7	4.1	4.8	4.7	4.9	5.0	4.5	-0.5
South	3.6	2.7	3.1	2.4	2.3	2.1	1.4	-0.7
West	4.0	2.3	3.2	3.0	3.7	3.0	2..8	-0.2
Population Density:								
Large SMSA	5.8	4.6	4.6	5.1	5.1	4.3	5.3	+1.0
Other SMSA	4.9	3.8	4.1	3.6	4.5	4.2	3.7	-0.5
Non-SMSA	3.8	2.1	3.5	3.1	2.4	2.7	2.5	-0.2

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] Adjusted for known underreporting of PCP (see text).

TABLE 4-4a

LSD: Trends in Thirty-Day Prevalence of Use by Subgroups

	Number of Cases (Class of 1981)	Percent who used in last thirty days							
		Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	17500	2.3	1.9	2.1	2.1	2.4	2.3	2.5	+0.2
Sex:									
Male	8400	3.5	2.6	3.1	2.7	2.8	2.9	3.4	+0.5
Female	8600	1.5	1.2	1.2	1.4	1.8	1.6	1.4	-0.2
College Plans:									
None or under 4 yrs	6700	NA	2.3	2.7	2.5	2.8	2.9	2.9	0.0
Complete 4 yrs	9700	NA	1.4	1.3	1.4	1.7	1.6	2.0	+0.4
Region:									
Northeast	4100	2.7	2.6	2.7	2.9	2.9	2.3	4.1	+1.8ss
North Central	5300	3.3	2.5	2.6	2.7	3.1	3.2	3.3	+0.1
South	5300	1.5	1.2	1.5	1.1	1.3	1.6	1.1	-0.5
West	2800	2.4	1.0	2.1	1.7	2.9	1.8	1.1	-0.7
Population Density:									
Large SMSA	4500	3.1	2.3	2.3	2.6	3.0	2.5	3.3	+0.8
Other SMSA	7100	2.1	2.3	2.3	2.1	2.8	2.4	2.6	+0.2
Non-SMSA	5900	2.0	1.1	1.8	1.7	1.6	2.0	1.7	-0.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 4-4b

PCP: Trends in Thirty-Day Prevalence of Use by Subgroups

	Number of Cases (Class of 1981)	Percent who used in last thirty days							
		Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	3231	NA	NA	NA	NA	2.4	1.4	1.4	0.0
Sex:									
Male	1544	NA	NA	NA	NA	2.3	2.2	1.7	-0.4
Female	1630	NA	NA	NA	NA	2.5	0.7	1.0	+0.3
College Plans:									
None or under 4 yrs	1314	NA	NA	NA	NA	3.3	1.7	1.9	+0.2
Complete 4 yrs	1809	NA	NA	NA	NA	1.8	1.2	1.0	-0.2
Region:									
Northeast	693	NA	NA	NA	NA	3.2	2.9	1.5	-1.4
North Central	1037	NA	NA	NA	NA	2.2	1.1	1.3	+0.2
South	992	NA	NA	NA	NA	2.5	1.1	1.6	+0.5
West	508	NA	NA	NA	NA	1.5	0.8	0.8	0.0
Population Density:									
Large SMSA	816	NA	NA	NA	NA	2.2	1.9	1.0	-0.9
Other SMSA	1285	NA	NA	NA	NA	2.3	1.4	1.5	+0.1
Non-SMSA	1129	NA	NA	NA	NA	2.6	1.2	1.5	+0.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 4-5

Hallucinogens: Frequency of Use in the Last Year by Subgroups, Class of 1981

(Entries are percentages)

		Number of occasions in last 12 months						
	Number of Cases (Approx.)	None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	17500	91.0	3.9	2.6	1.0	1.0	0.3	0.2
Sex:								
Male	8400	89.1	4.6	3.1	1.2	1.2	0.4	0.4
Female	8600	93.2	3.1	2.0	0.7	0.6	0.3	0.1
College Plans:								
None or under 4 yrs	6700	89.3	4.7	3.0	1.2	1.1	0.4	0.3
Complete 4 yrs	9700	92.6	3.3	2.2	0.7	0.8	0.2	0.2
Region:								
Northeast	4100	87.1	4.9	3.8	1.4	1.7	0.6	0.5
North Central	5300	89.7	4.5	2.8	1.1	1.2	0.6	0.2
South	5300	95.9	2.1	1.2	0.4	0.2	0.1	0.1
West	2800	89.6	5.0	3.2	1.1	1.0	0.1	0.1
Population Density:								
Large SMSA	4500	88.0	5.0	3.7	1.0	1.4	0.4	0.4
Other SMSA	7100	91.0	4.0	2.5	1.1	0.8	0.2	0.2
Non-SMSA	5900	93.2	3.0	1.8	0.7	0.8	0.4	0.1

NOTE: See Appendix D for definition of variables in table.

TABLE 4-5a

LSD: Frequency of Use in the Last Year by Subgroups, Class of 1981

(Entries are percentages)

		Number of occasions in last 12 months						
	Number of Cases (Approx.)	None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	17500	93.5	3.6	1.4	0.7	0.5	0.2	0.1
Sex:								
Male	8400	92.0	4.2	1.6	1.0	0.7	0.2	0.2
Female	8600	95.3	2.7	1.2	0.4	0.3	0.1	0.0
College Plans:								
None or under 4 yrs	6700	92.0	4.3	1.8	0.8	0.7	0.2	0.2
Complete 4 yrs	9700	95.0	2.8	1.1	0.6	0.4	0.1	0.1
Region:								
Northeast	4100	91.0	4.6	2.0	0.9	1.0	0.2	0.3
North Central	5300	92.2	3.8	1.9	1.0	0.7	0.3	0.1
South	5300	96.6	2.2	0.5	0.4	0.2	0.1	0.1
West	2800	93.7	4.2	1.4	0.5	0.2	0.1	0.0
Population Density:								
Large SMSA	4500	92.0	4.5	1.6	0.8	0.6	0.2	0.2
Other SMSA	7100	93.1	3.9	1.3	0.9	0.5	0.2	0.1
Non-SMSA	5900	95.1	2.4	1.4	0.4	0.5	0.1	0.1

NOTE: See Appendix D for definition of variables in table.

TABLE 4-5b

PCP: Frequency of Use in the Last Year by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Number of occasions in last 12 months						
		None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	3232	96.8	1.7	0.4	0.5	0.5	0.1	0.1
Sex:								
Male	1545	96.0	2.0	0.3	0.6	0.8	0.1	0.0
Female	1630	97.7	1.3	0.4	0.4	0.2	0.0	0.1
College Plans:								
None or under 4 yrs	1314	95.8	2.1	0.5	0.7	0.6	0.1	0.3
Complete 4 yrs	1810	97.6	1.3	0.3	0.4	0.4	0.0	0.0
Region:								
Northeast	693	96.5	2.2	0.8	0.1	0.4	0.0	0.0
North Central	1037	96.3	2.1	0.2	0.7	0.6	0.1	0.1
South	993	97.1	1.0	0.4	0.7	0.6	0.1	0.1
West	508	97.7	1.3	0.2	0.4	0.0	0.0	0.4
Population Density:								
Large SMSA	816	96.7	2.3	0.6	0.0	0.3	0.0	0.1
Other SMSA	1286	96.8	1.5	0.3	0.8	0.3	0.1	0.3
Non-SMSA	1129	96.9	1.4	0.3	0.5	0.8	0.1	0.0

NOTE: See Appendix D for definition of variables in table.

TABLE 4-6

Hallucinogens: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Lifetime use							
No occasions	83.7	84.9	86.1	85.7	85.9	86.7	86.7
1-2 occasions	4.5	4.9	4.2	4.8	5.2	5.0	4.8
3-5 occasions	4.0	4.1	3.7	3.6	3.8	3.3	3.5
6-9 occasions	1.7	1.4	1.4	1.5	1.6	1.4	1.4
10-19 occasions	2.7	2.3	2.3	2.3	1.9	1.9	1.9
20-39 occasions	1.0	0.8	0.8	0.8	0.6	0.7	0.6
40 or more	2.3	1.6	1.4	1.3	1.1	1.0	1.2
N =	(9942)	(16094)	(17880)	(18391)	(16255)	(16071)	(17826)
Use in last twelve months							
No occasions	88.8	90.6	91.2	90.4	90.1	90.7	91.0
1-2 occasions	3.7	4.0	3.4	4.0	4.4	4.0	3.9
3-5 occasions	3.6	2.7	2.6	2.9	2.8	2.8	2.6
6-9 occasions	1.2	1.0	1.1	0.9	1.0	1.0	1.0
10-19 occasions	1.7	1.0	1.1	1.1	1.1	1.1	1.0
20-39 occasions	0.6	0.4	0.3	0.3	0.3	0.2	0.3
40 or more	0.4	0.3	0.2	0.3	0.2	0.3	0.2
N =	(9940)	(16085)	(17874)	(18385)	(16246)	(16063)	(17823)
Use in last thirty days							
No occasions	95.3	96.6	95.9	96.1	96.0	96.3	96.3
1-2 occasions	2.7	1.9	2.2	2.2	2.5	2.4	2.3
3-5 occasions	1.2	1.0	1.2	1.0	1.0	0.9	0.9
6-9 occasions	0.5	0.3	0.4	0.3	0.2	0.2	0.3
10-19 occasions	0.2	0.1	0.2	0.3	0.2	0.1	0.1
20-39 occasions	0.0	0.1	0.0	0.0	0.0	0.1	0.0
40 or more	0.1	0.0	0.0	0.0	0.0	0.0	0.1
N =	(9937)	(16085)	(17877)	(18379	(16245)	(16063)	(17820)
Probability of future use[a]							

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[a] This question asked about LSD only. See Table 4-6a.

TABLE 4-6a

LSD: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Lifetime use							
No occasions	88.7	89.0	90.2	90.3	90.5	90.7	90.2
1-2 occasions	4.7	5.0	4.3	4.4	4.5	4.3	4.3
3-5 occasions	2.2	2.4	2.2	2.0	2.1	2.0	2.1
6-9 occasions	1.3	1.3	1.2	1.2	1.2	1.1	1.3
10-19 occasions	1.4	1.3	1.2	1.1	0.9	1.0	1.1
20-39 occasions	0.9	0.6	0.5	0.5	0.4	0.5	0.5
40 or more	0.9	0.6	0.5	0.5	0.4	0.4	0.5
N =	(9620)	(14582)	(15320)	(18354)	(16191)	(16018)	(17771)
Use in last twelve months							
No occasions	92.8	93.6	94.5	93.7	93.4	93.5	93.5
1-2 occasions	3.9	3.8	3.2	3.7	3.7	3.7	3.6
3-5 occasions	1.6	1.4	1.2	1.2	1.4	1.5	1.4
6-9 occasions	0.9	0.7	0.7	0.7	0.7	0.7	0.7
10-19 occasions	0.6	0.3	0.3	0.4	0.5	0.5	0.5
20-39 occasions	0.2	0.1	0.1	0.1	0.2	0.1	0.2
40 or more	0.1	0.1	0.1	0.1	0.1	0.1	0.1
N =	(9614)	(14569)	(15307)	(18349)	(16179)	(16001)	(17760)
Use in last thirty days							
No occasions	97.7	98.1	97.9	97.9	97.6	97.7	97.5
1-2 occasions	1.7	1.4	1.6	1.4	1.8	1.8	1.9
3-5 occasions	0.4	0.3	0.4	0.4	0.4	0.3	0.3
6-9 occasions	0.1	0.1	0.1	0.2	0.1	0.1	0.1
10-19 occasions	0.0	0.0	0.0	0.1	0.1	0.0	0.1
20-39 occasions	0.0	0.0	0.0	0.0	0.0	0.0	0.0
40 or more	0.0	0.0	0.0	0.0	0.0	0.0	0.1
N =	(9609)	(14568)	(15310)	(18344)	(16180)	(16004)	(17760)
Probability of future use							
Definitely will not	85.8	86.5	85.8	86.8	87.4	87.8	88.1
Probably will not	11.3	10.9	11.7	10.6	10.2	9.3	9.4
Probably will	2.0	2.0	1.8	1.7	1.5	1.8	1.5
Definitely will	0.8	0.6	0.7	0.9	1.0	1.2	1.0
N =	(2956)	(3053)	(3446)	(3482)	(3130)	(3096)	(3382)

TABLE4-6b

PCP: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Lifetime use							
No occasions	NA	NA	NA	NA	87.2	90.4	92.2
1-2 occasions	NA	NA	NA	NA	7.6	6.1	4.5
3-5 occasions	NA	NA	NA	NA	2.2	1.9	1.1
6-9 occasions	NA	NA	NA	NA	1.1	0.5	0.7
10-19 occasions	NA	NA	NA	NA	1.1	0.3	0.5
20-39 occasions	NA	NA	NA	NA	0.5	0.3	0.6
40 or more	NA	NA	NA	NA	0.3	0.4	0.4
N =	(NA)	(NA)	(NA)	(NA)	(2911)	(2923)	(3233)
Use in last twelve months							
No occasions	NA	NA	NA	NA	93.0	95.6	96.8
1-2 occasions	NA	NA	NA	NA	4.6	2.8	1.7
3-5 occasions	NA	NA	NA	NA	1.1	0.6	0.4
6-9 occasions	NA	NA	NA	NA	0.8	0.3	0.5
10-19 occasions	NA	NA	NA	NA	0.3	0.3	0.5
20-39 occasions	NA	NA	NA	NA	0.1	0.1	0.1
40 or more	NA	NA	NA	NA	0.1	0.2	0.1
N =	(NA)	(NA)	(NA)	(NA)	(2903)	(2920)	(3232)
Use in last thirty days							
No occasions	NA	NA	NA	NA	97.6	98.6	98.6
1-2 occasions	NA	NA	NA	NA	1.7	0.8	0.6
3-5 occasions	NA	NA	NA	NA	0.4	0.2	0.2
6-9 occasions	NA	NA	NA	NA	0.2	0.2	0.5
10-19 occasions	NA	NA	NA	NA	0.1	0.1	0.0
20-39 occasions	NA	NA	NA	NA	0.1	0.0	0.0
40 or more	NA	NA	NA	NA	0.0	0.1	0.1
N =	(NA)	(NA)	(NA)	(NA)	(2903)	(2847)	(3231)
Probability of future use[a]							
Definitely will not	NA	NA	NA	NA	NA	NA	NA
Probably will not	NA	NA	NA	NA	NA	NA	NA
Probably will	NA	NA	NA	NA	NA	NA	NA
Definitely will	NA	NA	NA	NA	NA	NA	NA
N =	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)

---

[a] This question asked about LSD only.

TABLE 4-7

Hallucinogens: Trends in Grade in Which First Used

	Percent reporting first use in each grade						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Sixth grade (or below)	0.1	0.1	0.1	0.3	0.1	0.1	0.1
Seventh or Eighth grade	0.9	1.3	1.4	1.7	1.4	0.8	1.0
Ninth grade	3.1	3.6	3.7	3.3	2.3	2.2	2.4
Tenth grade	4.5	5.1	4.0	3.7	3.7	3.5	3.7
Eleventh grade	4.5	3.7	3.2	3.3	4.1	4.3	3.8
Twelfth grade	3.1	1.4	1.5	1.9	2.6	2.4	2.2
Never used	83.7	84.9	86.1	85.7	85.9	86.7	86.7
N^a =	(2979)	(2934)	(6082)	(6077)	(5544)	(5530)	(6197)

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 4-7a

LSD: Trends in Grade in Which First Used

	Percent reporting first use in each grade						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Sixth grade (or below)	0.1	0.0	0.1	0.3	0.0	0.1	0.1
Seventh or Eighth grade	0.7	0.8	1.0	1.1	0.8	0.5	0.5
Ninth grade	2.4	2.8	2.7	2.4	1.4	1.4	1.7
Tenth grade	2.9	3.3	2.5	2.3	2.3	2.2	3.0
Eleventh grade	3.2	2.7	2.3	2.1	3.0	3.3	2.7
Twelfth grade	1.9	1.4	1.2	1.5	2.1	1.7	1.7
Never used	88.7	89.0	90.2	90.3	90.5	90.7	90.2
N[a] =	(2905)	(2707)	(5386)	(6260)	(5616)	(5569)	(6236)

---

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 4-7b

PCP: Trends in Grade in Which First Used

	Percent reporting first use in each grade						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Sixth grade (or below)	NA	NA	NA	NA	NA	0.2	0.2
Seventh or Eighth grade	NA	NA	NA	NA	NA	1.0	1.0
Ninth grade	NA	NA	NA	NA	NA	1.9	2.4
Tenth grade	NA	NA	NA	NA	NA	2.7	2.3
Eleventh grade	NA	NA	NA	NA	NA	2.6	1.5
Twelfth grade	NA	NA	NA	NA	NA	1.0	0.4
Never used	NA	NA	NA	NA	NA	90.4	92.2
N^a =	(NA)	(NA)	(NA)	(NA)	(NA)	(2836)	(3152)

NOTE: NA indicates data not available.

[a] This question was asked in one form only, beginning in 1980.

TABLE 4-8

Hallucinogens: Grade in Which First Used by Subgroups, Class of 1981

(Entries are percentages)

		Grade in school						
	Number of Cases (Approx.)	6 or below	7/8	9	10	11	12	Never used
All seniors	6300	0.1	1.0	2.4	3.7	3.8	2.2	86.7
Sex:								
Male	3000	0.3	1.1	3.0	4.3	4.7	2.1	84.5
Female	3200	0.0	0.7	1.6	3.1	3.1	2.1	89.4
College Plans:								
None or under 4 yrs	2400	0.2	1.4	3.0	4.3	4.3	2.5	84.3
Complete 4 yrs	3600	0.1	0.7	1.7	3.0	3.3	2.1	89.0
Region:								
Northeast	1400	0.2	0.5	3.9	4.3	6.0	3.1	81.9
North Central	2000	0.1	1.1	3.1	4.3	3.6	3.0	84.7
South	1900	0.0	0.4	0.8	2.1	2.4	0.8	93.4
West	1000	0.2	2.3	2.1	4.8	4.2	1.9	84.5
Population Density:								
Large SMSA	1500	0.1	1.0	3.9	4.5	5.2	2.8	82.4
Other SMSA	2600	0.0	1.4	2.2	3.6	3.9	2.4	86.5
Non-SMSA	2200	0.4	0.5	1.6	3.2	2.7	1.5	90.1

NOTE: See Appendix D for definition of variables in table.

TABLE 4-8a

LSD: Grade in Which First Used by Subgroups, Class of 1981

(Entries are percentages)

		Grade in school						
	Number of Cases (Approx.)	6 or below	7/8	9	10	11	12	Never used
All seniors	6300	0.1	0.5	1.7	3.0	2.7	1.7	90.2
Sex:								
Male	3000	0.1	0.5	2.5	3.8	3.0	1.8	88.3
Female	3200	0.0	0.4	0.9	2.2	2.5	1.5	92.6
College Plans:								
None or under 4 yrs	2400	0.1	0.8	2.1	3.5	3.3	2.0	88.2
Complete 4 yrs	3600	0.0	0.4	1.2	2.5	2.2	1.5	92.2
Region:								
Northeast	1400	0.1	0.3	2.6	2.9	4.1	2.2	87.8
North Central	2000	0.1	0.7	2.1	3.8	2.8	2.4	88.2
South	1900	0.0	0.1	0.5	1.7	1.9	0.9	94.8
West	1000	0.0	1.2	2.0	4.2	2.5	1.2	88.8
Population Density:								
Large SMSA	1500	0.1	0.5	2.3	3.4	3.7	2.0	88.0
Other SMSA	2600	0.0	0.9	1.8	3.0	2.9	1.9	89.5
Non-SMSA	2200	0.1	0.2	1.3	2.6	1.8	1.2	92.8

NOTE: See Appendix D for definition of variables in table.

TABLE 4-8b

PCP: Grade in Which First Used by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Grade in school						
		6 or below	7/8	9	10	11	12	Never used
All seniors	3200	0.2	1.0	2.4	2.3	1.5	0.4	92.2
Sex:								
Male	1500	0.5	0.7	2.7	3.1	1.7	0.4	91.0
Female	1600	0.0	1.3	2.0	1.7	1.3	0.3	93.5
College Plans:								
None or under 4 yrs	1200	0.3	1.3	3.1	3.3	2.2	0.5	89.4
Complete 4 yrs	1800	0.1	0.8	2.0	1.4	1.0	0.2	94.4
Region:								
Northeast	700	0.3	1.7	3.2	3.3	1.6	0.4	89.4
North Central	1000	0.3	0.8	2.0	2.8	0.7	0.4	93.0
South	1000	0.1	0.5	2.4	1.6	1.2	0.1	94.1
West	500	0.0	1.1	2.5	1.6	3.4	0.7	90.8
Population Density:								
Large SMSA	800	0.5	1.1	2.5	3.2	1.1	0.7	90.9
Other SMSA	1300	0.2	1.2	1.8	2.1	1.9	0.2	92.5
Non-SMSA	1100	0.1	0.5	3.1	2.0	1.1	0.2	92.9

NOTE: See Appendix D for definition of variables in table.

TABLE 4-9

Hallucinogens: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	4.1	5.0	5.2	5.3	3.8	3.1	3.5	+0.4
Sex:								
Male	5.1	4.7	5.7	6.1	3.6	4.5	4.4	-0.1
Female	3.3	4.9	4.6	4.4	3.7	2.0	2.3	+0.3
College Plans:								
None or under 4 yrs	NA	5.5	6.1	6.5	4.5	4.5	4.6	+0.1
Complete 4 yrs	NA	4.1	4.1	3.9	3.1	2.3	2.5	+0.2
Region:								
Northeast	4.4	5.6	6.4	5.8	4.9	3.8	4.6	+0.8
North Central	4.1	5.4	5.4	6.4	3.5	3.1	4.3	+1.2
South	3.3	3.5	4.5	2.7	2.6	2.1	1.2	-0.9
West	5.5	5.8	4.6	8.0	4.5	4.2	4.6	+0.4
Population Density:								
Large SMSA	4.4	5.9	6.4	6.2	3.0	4.7	5.0	+0.3
Other SMSA	5.6	5.3	6.1	5.5	5.2	3.8	3.6	-0.2
Non-SMSA	2.3	3.7	3.2	4.2	2.5	1.7	2.5	+0.8

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 4-9a

LSD: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	3.2	3.6	3.8	3.8	2.2	2.0	2.3	+0.3
Sex:								
Male	3.8	3.2	4.4	4.2	2.6	3.0	3.1	+0.1
Female	2.9	3.7	3.0	3.0	1.8	1.2	1.3	+0.1
College Plans:								
None or under 4 yrs	NA	4.2	4.5	4.9	2.8	3.1	3.0	-0.1
Complete 4 yrs	NA	2.8	2.8	2.4	1.8	1.3	1.6	+0.3
Region:								
Northeast	3.7	4.4	4.9	4.2	1.9	1.6	3.0	+1.4s
North Central	3.0	3.7	3.6	4.1	2.3	2.3	2.9	+0.6
South	2.8	2.6	3.6	2.0	1.7	1.5	0.6	-0.9s
West	4.4	4.4	3.4	5.5	3.4	3.2	3.2	0.0
Population Density:								
Large SMSA	3.4	4.3	4.6	4.2	1.2	2.9	2.9	0.0
Other SMSA	4.2	4.0	4.3	4.0	3.3	2.4	2.7	+0.3
Non-SMSA	1.7	2.7	2.5	3.0	1.5	1.2	1.6	+0.4

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 4-9b

PCP: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	NA	NA	NA	NA	NA	3.1	3.6	+0.5
Sex:								
Male	NA	NA	NA	NA	NA	4.0	3.9	-0.1
Female	NA	NA	NA	NA	NA	2.5	3.3	+0.8
College Plans:								
None or under 4 yrs	NA	NA	NA	NA	NA	4.9	4.7	-0.2
Complete 4 yrs	NA	NA	NA	NA	NA	2.2	2.9	+0.7
Region:								
Northeast	NA	NA	NA	NA	NA	3.9	5.2	+1.3
North Central	NA	NA	NA	NA	NA	3.6	3.1	-0.5
South	NA	NA	NA	NA	NA	2.4	3.0	+0.6
West	NA	NA	NA	NA	NA	3.3	3.6	+0.3
Population Density:								
Large SMSA	NA	NA	NA	NA	NA	5.7	4.1	-1.6
Other SMSA	NA	NA	NA	NA	NA	2.8	3.2	+0.4
Non-SMSA	NA	NA	NA	NA	NA	2.1	3.7	+1.6

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only, beginning in 1980.

TABLE 4-10a

LSD: Trends in Degree and Duration of Feeling High

Q. When you take LSD how high do you usually get?[a]	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
PERCENT OF RECENT USERS:							
Not at all high	0.2	1.7	1.6	0.5	2.8	2.0	1.6
A little high	4.8	1.9	7.4	4.9	8.4	5.0	9.6
Moderately high	16.2	22.4	19.3	24.7	14.9	23.4	23.3
Very high	78.8	73.9	71.7	69.9	73.9	69.5	65.5
N =	(213)	(213)	(213)	(223)	(228)	(228)	(236)
PERCENT OF ALL RESPONDENTS:							
No use in last 12 months	92.5	93.6	94.4	93.7	92.9	92.8	93.2
Not at all high	0.0	0.1	0.1	0.0	0.2	0.1	0.1
A little high	0.4	0.1	0.4	0.3	0.6	0.4	0.6
Moderately high	1.2	1.4	1.1	1.6	1.1	1.7	1.6
Very high	5.9	4.7	4.0	4.4	5.2	5.0	4.4
N =	(2840)	(3328)	(3804)	(3540)	(3228)	(3182)	(3488)
Q. When you take LSD how long do you usually stay high?[a]							
PERCENT OF RECENT USERS:							
Usually don't get high	1.6	2.3	2.5	0.5	3.4	2.3	1.6
One to two hours	1.3	1.7	3.8	3.9	4.0	2.5	5.4
Three to six hours	22.7	30.7	30.5	31.9	33.1	34.6	35.5
Seven to 24 hours	69.8	59.9	59.8	58.5	52.1	55.4	54.6
More than 24 hours	4.6	5.5	3.4	5.3	7.4	5.2	2.9
N =	(215)	(213)	(212)	(224)	(228)	(226)	(236)
PERCENT OF ALL RESPONDENTS:							
No use in last 12 months	92.5	93.6	94.4	93.7	92.9	92.9	93.2
Usually don't get high	0.1	0.1	0.1	0.0	0.2	0.2	0.1
One to two hours	0.1	0.1	0.2	0.3	0.3	0.2	0.4
Three to six hours	1.7	2.0	1.7	2.0	2.3	2.5	2.4
Seven to 24 hours	5.2	3.8	3.3	3.7	3.7	3.9	3.7
More than 24 hours	0.3	0.4	0.2	0.3	0.5	0.4	0.2
N =	(2867)	(3328)	(3786)	(3556)	(3227)	(3180)	(3487)

---

[a] These questions appear in just one form. They are asked only of respondents who report use of the drug in the prior twelve months (i.e., "recent users").

TABLE 4-10b

Psychedelics: Trends in Degree and Duration of Feeling High

Q. When you take psychedelics other than LSD how high do you usually get?[a]	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
PERCENT OF RECENT USERS:							
Not at all high	2.4	1.2	1.2	1.2	2.1	0.9	2.3
A little high	7.9	9.6	8.4	8.3	9.6	10.4	12.9
Moderately high	35.5	39.6	40.8	36.3	37.7	38.9	37.9
Very high	54.1	49.7	49.6	54.3	50.6	49.9	46.9
N =	(322)	(261)	(286)	(326)	(253)	(255)	(246)
PERCENT OF ALL RESPONDENTS:							
No use in last 12 months	90.4	93.0	93.0	92.7	91.9	91.8	92.8
Not at all high	0.2	0.1	0.1	0.1	0.2	0.1	0.2
A little high	0.8	0.7	0.6	0.6	0.8	0.9	0.9
Moderately high	3.4	2.8	2.9	2.6	3.0	3.2	2.7
Very high	5.2	3.5	3.5	4.0	4.1	4.1	3.4
N =	(3354)	(3729)	(4086)	(4466)	(3127)	(3098)	(3407)
Q. When you take psychedelics other than LSD how long do you usually stay high?[a]							
PERCENT OF RECENT USERS:							
Usually don't get high	2.0	1.2	1.1	1.3	2.5	1.3	2.8
One to two hours	8.5	9.4	7.0	8.4	8.3	7.8	8.3
Three to six hours	41.3	46.1	45.5	47.7	48.2	49.1	47.1
Seven to 24 hours	45.6	39.9	44.1	41.1	37.2	39.6	38.7
More than 24 hours	2.7	3.4	2.3	1.5	3.8	2.2	3.1
N =	(322)	(262)	(283)	(326)	(249)	(254)	(246)
PERCENT OF ALL RESPONDENTS:							
No use in last 12 months	90.4	93.0	93.0	92.7	92.0	91.8	92.8
Usually don't get high	0.2	0.1	0.1	0.1	0.2	0.1	0.2
One to two hours	0.8	0.7	0.5	0.6	0.7	0.6	0.6
Three to six hours	4.0	3.2	3.2	3.5	3.8	4.0	3.4
Seven to 24 hours	4.4	2.8	3.1	3.0	3.0	3.2	2.8
More than 24 hours	0.3	0.2	0.2	0.1	0.3	0.2	0.2
N =	(3354)	(3743)	(4043)	(4466)	(3123)	(3096)	(3407)

---

[a] These questions appear in just one form. They are asked only of respondents who report use of the drug in the prior twelve months (i.e., "recent users").

FIGURE 4-1

Hallucinogens: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

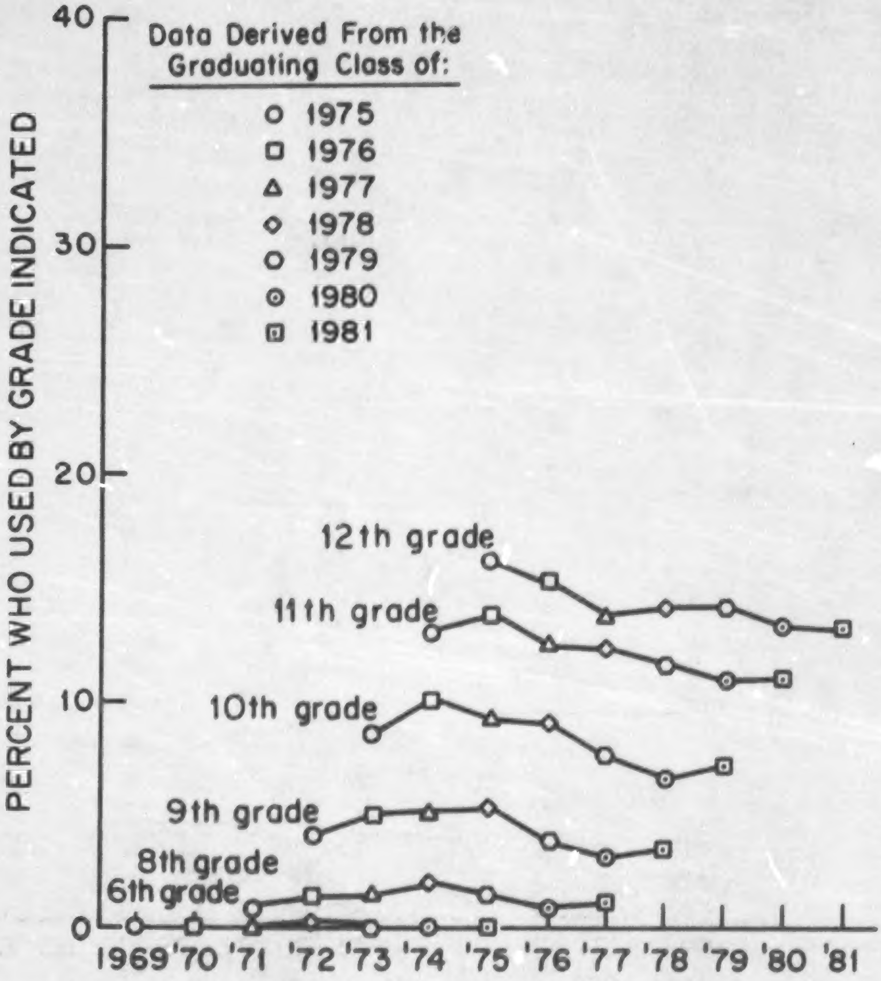


FIGURE 4-1a

LSD: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

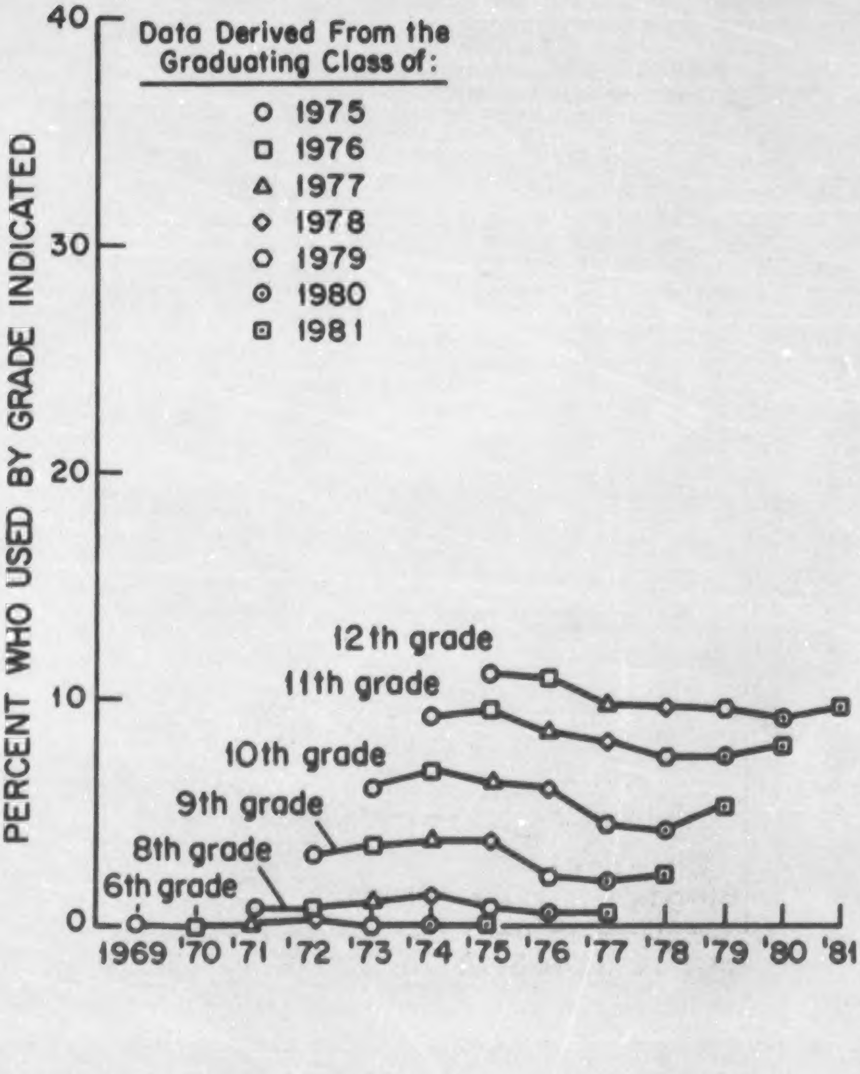


FIGURE 4-1b

PCP: Trends in Lifetime Prevalence for Earlier Grade Levels Based on Retrospective Reports from Seniors

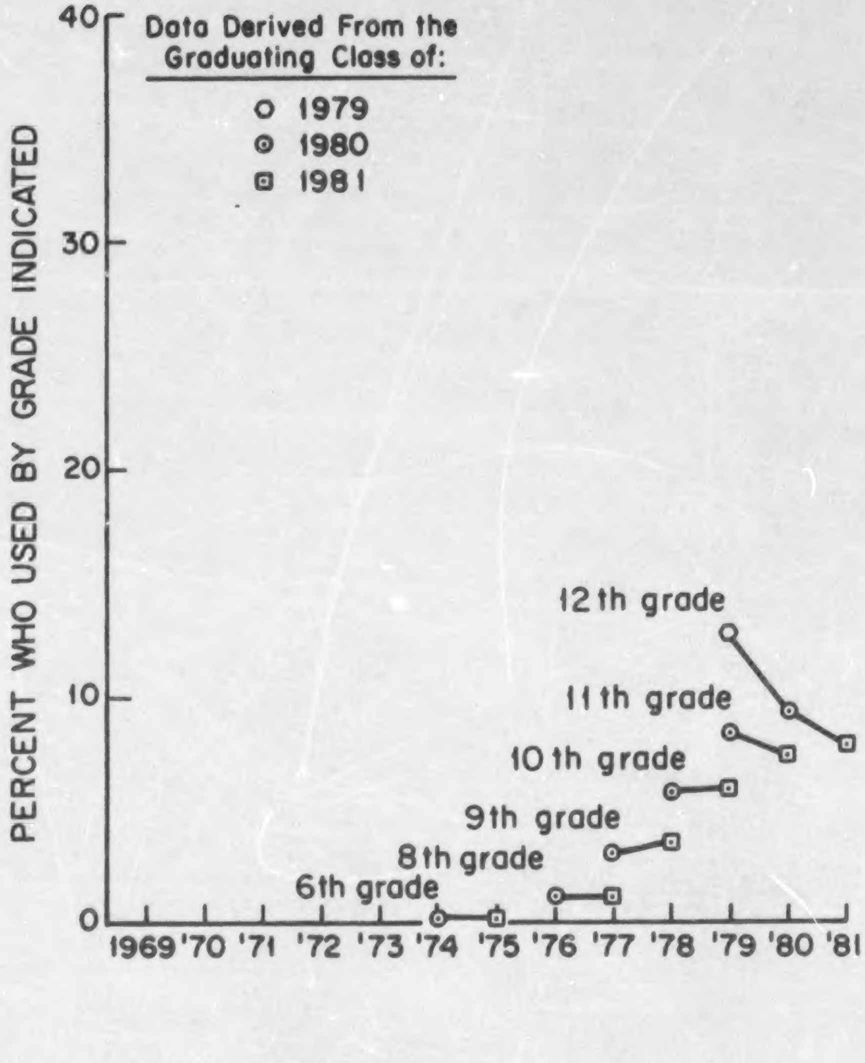
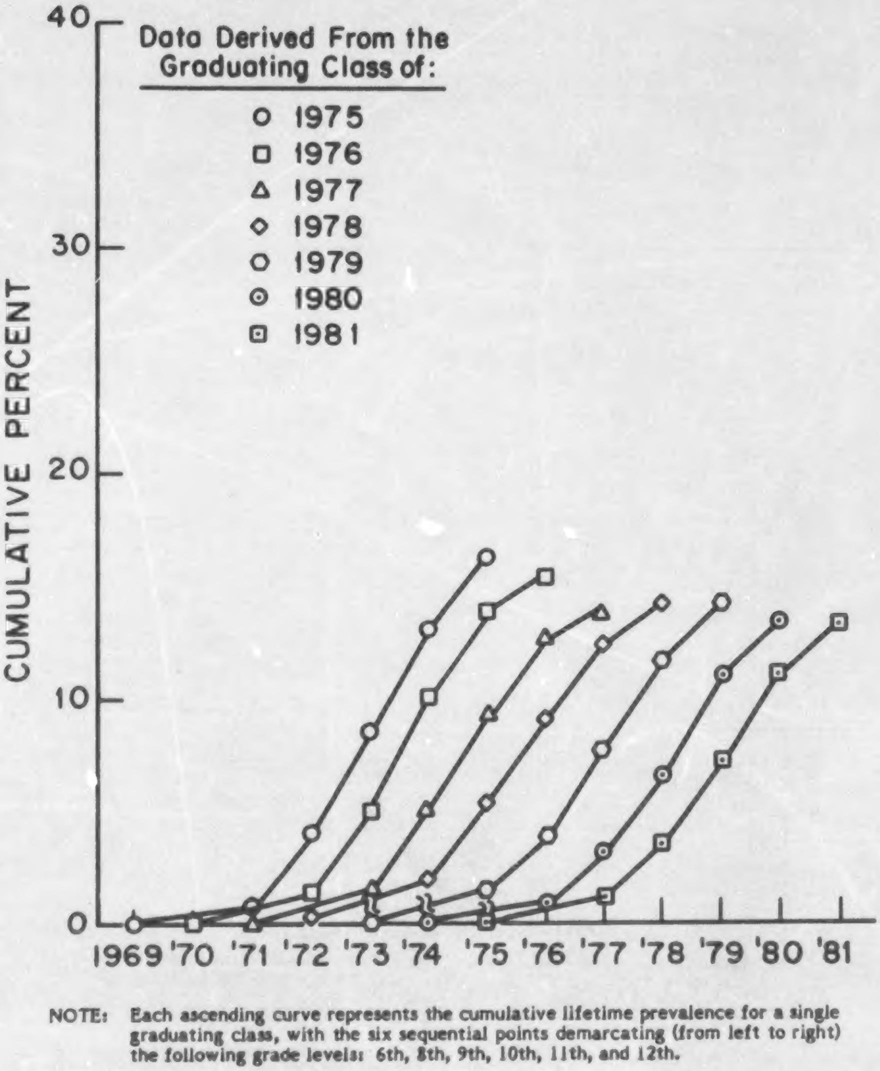


FIGURE 4-2

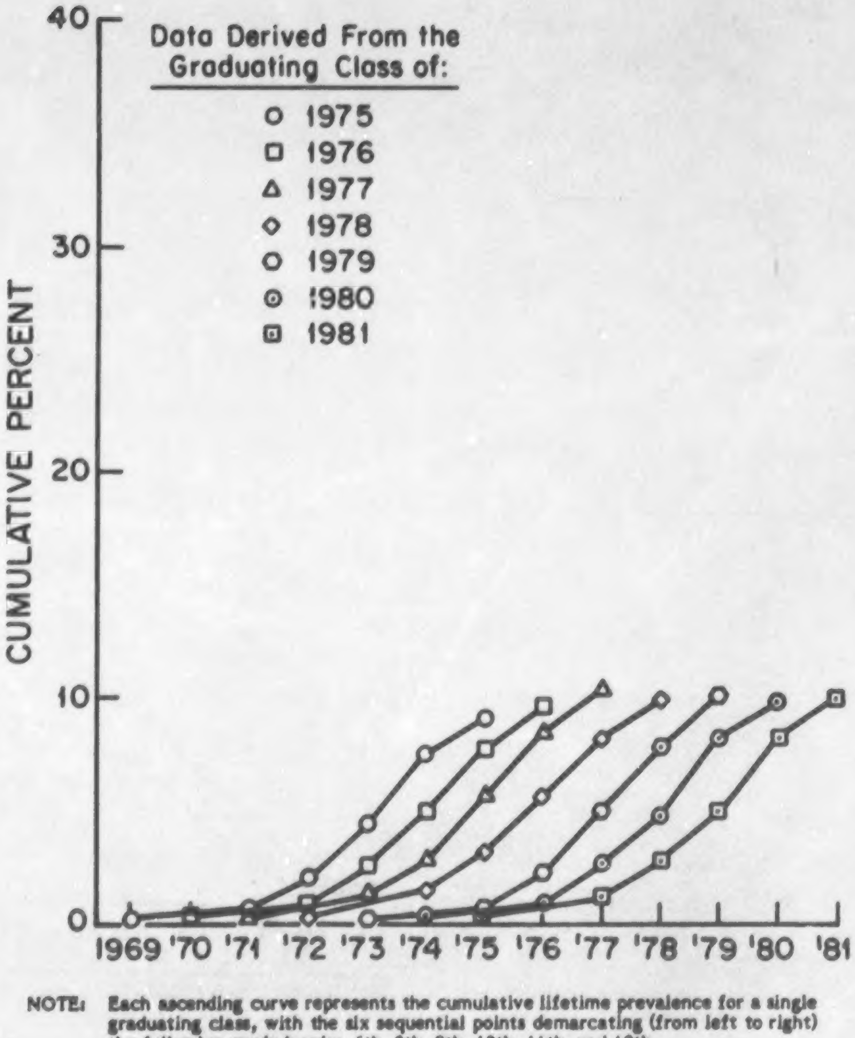
Hallucinogens: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

FIGURE 4-2a

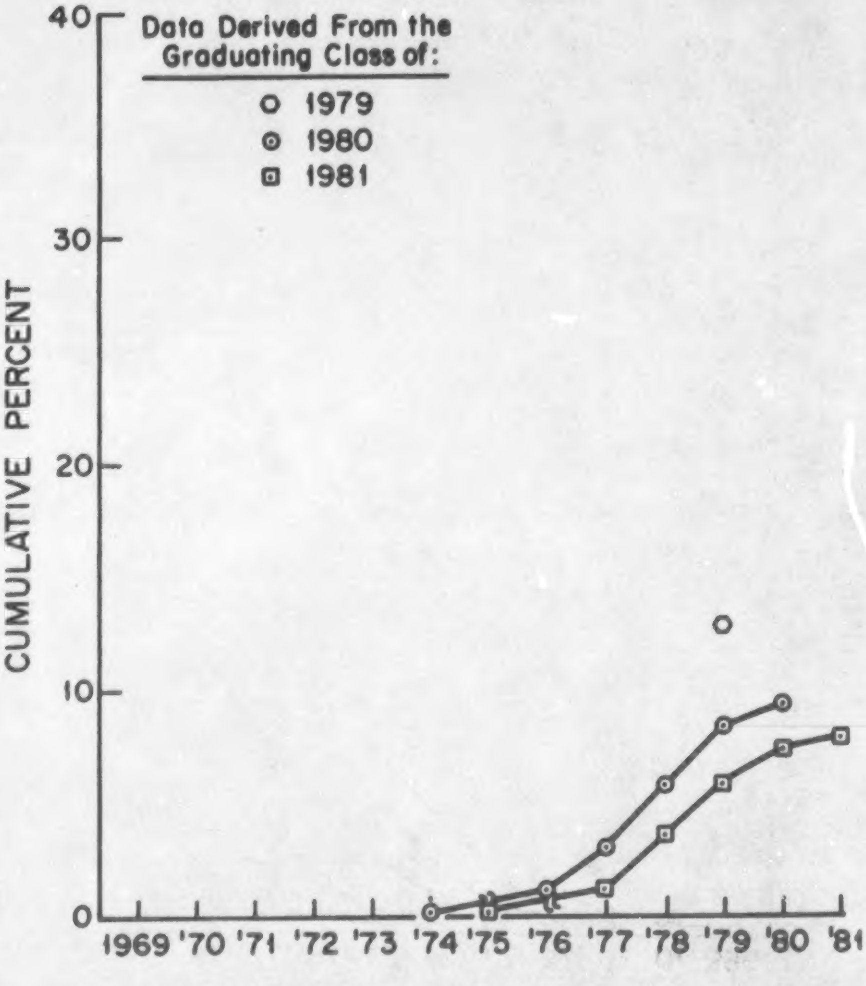
LSD: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

FIGURE 4-2b

PCP: Cumulative Lifetime Prevalence for Each
Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

Chapter 5

COCAINE

Cocaine is a drug which has received extensive publicity in recent years, largely as a result of its widespread use among people in the entertainment and sports worlds. This may well explain it growing in popularity among youth as a recreational drug. It is generally very expensive, which may account for the relatively low frequency with which it is used by high school students, even now.

Prevalence of Use in 1981

Total Sample

	Table(s)
• About one in every six seniors (17%) report having used cocaine at some time in their lives. However, nearly half of those have used it only once or twice.	1,2,6
• Annual prevalence is 12% and 30-day prevalence about 6%.	1,3,4
• The percentage reporting use on 20 or more occasions in their lifetime is 2.7%, and only .3% of high school seniors report using at a daily level in the prior month. In fact, only about 2.3% report use on more than two occasions during the month.	6

Subgroup Differences

• Sex Differences. Cocaine use is greater among males than females, with annual prevalence observed at 13.8% and 10.4%, respectively.	1,2,3,4,5
• College Plans. Prevalence rates are slightly higher among noncollege-bound seniors—annual prevalence for 1981 noncollege-bound seniors was 12.4%, compared to 11.5% for college-bound seniors, while lifetime prevalence rates were 18.1% versus 14.4%.	1,2,3,4,5
• Region of the Country. There are very large regional differences in cocaine use with the highest prevalence observed in the West (22.1% annual rate), followed by the Northeast (16.8%) the North Central (9.4%), and the South (6.8%).	1,2,3,4,5
• Population Density. Cocaine prevalence is nearly twice as high in the large metropolitan areas (17.5% annual prevalence) compared to the nonmetropolitan areas (9.4% annual prevalence).	1,2,3,4,5

Recent Trends in Prevalence

Table(s)

Total Sample

- From 1976 to 1979 cocaine exhibited a dramatic and accelerating increase in popularity, with annual prevalence going from 6% in the class of 1976 to 12% in the class of 1979—a two-fold increase in just three years. This rise nearly halted in 1980, however. This year, current (30-day) prevalence is only .1% higher than it was two years ago, annual prevalence only .4% higher, and lifetime prevalence 1.1% higher (at 16.5%). 2,3,4

- Daily or near-daily use was less than 0.1% in 1975 and rose to 0.3% by 1981, though there is little evidence of change in the last year. 6

Subgroup Differences in Trends

- All subgroups showed an increase in their reported rates of cocaine use up through 1979. Since 1979 or 1980, however, some subgroups have shown evidence of a levelling or decline in use (males, the noncollege-bound, those in the North Central and South regions, and those in the largest cities), while others have shown evidence of a continuing increase (females, the college-bound, those in the West and Northeast, and those in the non-metropolitan areas). These changes in cocaine usage rates have resulted in some narrowing of differences related to sex and college plans, whereas regional differences have become exaggerated. 2,3,4

Use at Earlier Grade Levels

- The acquisition of cocaine-using behavior occurs at older age levels than most of the other drugs. Of those who have used cocaine, most first users tried it in tenth, eleventh, or twelfth grade. Unlike most other drugs, there is not much of a tendency for the rate of initiation to decline by twelfth grade. 7

- During the years for which we can reconstruct prevalence estimates at earlier grade levels, using retrospective data from these seven cohorts, cocaine use has been rising in the upper grade levels—particularly 11th and 12th grades. However, there is no evidence of any increase below 9th grade, and for 9th grade there seems to have been a leveling starting around 1975. This indicates that most of the recent increase from cohort to cohort among high school seniors is due to increased initiation rates in 10th, 11th, and 12th grades, but not earlier. Fig 1

- Subgroup differences in early initiation largely mirror those discussed earlier for prevalence in 12th grade. Thus more 9

Table(s)

males, noncollege-bound students, and students in the West and Northeast begin cocaine use at an early age. (Early initiation is particularly high in the West.)

Probability of Future Use

- About 73% of the 1981 seniors say they "definitely will not" use cocaine five years in the future, a drop from 81% in 1975. 6
- The proportion of students indicating that they may use cocaine in the future increased moderately between 1975 and 1979, and then leveled. About 9% of 1981 seniors say they will "probably" or "definitely" be using cocaine five years in the future. 6

Degree and Duration of Highs

- About two-thirds of seniors who used cocaine in the prior year say that they usually get "moderately high" (42%) or "very high" (28%). 10
- The largest number of users (46%) say they usually stay high from 1 to 2 hours on cocaine, though a substantial number (34%) say their highs last 3 to 6 hours. Another 12% say they stay high longer than 6 hours. 10
- There has generally been a drop in both the degree and duration of highs experienced by cocaine users over the interval 1975 to 1981. In the class of 1975 some 77% of users said they usually get "moderately high" or "very high," compared with 70% in the class of 1981. And while 66% of the 1975 users said they usually stayed high three hours or more, only 46% of users in the class of 1981 made a similar claim. These changes in the degree and duration of cocaine highs could reflect reduced purity in the drugs available and/or a tendency for users to simply consume less per occasion. 10
- An additional perspective on degree and duration of highs is provided by the data on percentages of all respondents (rather than the percentages of users discussed above). Because the proportion of seniors who reported any use of cocaine more than doubled since 1975, there was an increase (until about 1979) in the overall percentages of seniors who get quite high and for long periods, as well as in the percentages who report shorter highs. However, the increases have been much greater for the latter group. In other words, there actually has been a slight increase in the absolute number of users who get very high, or who stay high a long time. But there has been an even greater increase among lighter users of the drug. From this perspective, one could argue that the cocaine available has not become weaker; rather, the additional segment of the population which is now using does not tend to use as much per occasion. 10

TABLE 5-1

Cocaine: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	17500	16.5	5.8	6.6	4.1	83.5
Sex:						
Male	8400	18.7	6.3	7.5	4.9	81.3
Female	8600	13.8	5.0	5.4	3.4	86.2
College Plans:						
None or under 4 yrs	6700	18.1	5.6	6.8	5.7	81.9
Complete 4 yrs	9700	14.4	5.5	6.0	2.9	85.6
Region:						
Northeast	4100	21.7	8.1	8.7	4.9	78.3
North Central	5300	14.0	3.8	5.6	4.6	86.0
South	5300	10.0	2.9	3.9	3.2	90.0
West	2800	26.4	12.0	10.1	4.3	73.6
Population Density:						
Large SMSA	4500	21.9	8.8	8.7	4.4	78.1
Other SMSA	7100	15.8	4.9	6.6	4.3	84.2
Non-SMSA	5900	13.3	4.7	4.7	3.9	86.7

NOTE: See Appendix D for definition of variables in table.

TABLE 5-2

Cocaine: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	9.0	9.7	10.8	12.9	15.4	15.7	16.5	+0.8
Sex:								
Male	11.2	11.9	13.3	15.6	18.4	18.4	18.7	+0.3
Female	6.9	7.4	8.0	9.9	12.1	12.8	13.8	+1.0
College Plans:								
None or under 4 yrs	NA	10.8	12.0	14.2	17.8	17.6	18.1	+0.5
Complete 4 yrs	NA	7.8	8.6	10.4	12.0	13.2	14.4	+1.2
Region:								
Northeast	8.8	10.3	11.9	16.0	17.5	17.9	21.7	+3.8s
North Central	8.5	9.0	9.7	12.2	13.9	14.0	14.0	0.0
South	8.3	8.9	9.7	10.5	11.6	10.9	10.0	-0.9
West	11.6	12.1	13.1	14.4	21.9	24.6	26.4	+1.8
Population Density:								
Large SMSA	11.1	12.7	13.1	16.4	19.8	22.5	21.9	-0.6
Other SMSA	9.6	9.5	10.7	12.8	15.3	15.0	15.8	+0.8
Non-SMSA	6.9	7.8	8.9	9.9	12.0	11.6	13.3	+1.7

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C, current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 5-3

Cocaine: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	5.6	6.0	7.2	9.0	12.0	12.3	12.4	+0.1
Sex:								
Male	7.5	7.5	9.3	11.4	14.6	14.8	13.8	-1.0
Female	3.9	4.4	4.9	6.5	9.3	9.8	10.4	+0.6
College Plans:								
None or under 4 yrs	NA	6.6	8.1	9.5	13.7	13.2	12.4	-0.8
Complete 4 yrs	NA	5.0	5.5	7.7	9.5	10.8	11.5	+0.7
Region:								
Northeast	5.3	6.6	7.9	11.8	13.8	14.2	16.8	+2.6
North Central	5.1	5.5	6.3	8.5	10.5	10.9	9.4	-1.5
South	5.4	5.1	6.0	6.8	8.5	7.8	6.8	-1.0
West	7.8	7.9	10.2	10.7	18.6	20.6	22.1	+1.5
Population Density:								
Large SMSA	7.3	8.6	8.6	12.3	16.6	18.7	17.5	-1.2
Other SMSA	5.9	5.8	7.3	8.9	11.7	11.3	11.5	+0.2
Non-SMSA	4.3	4.3	5.8	6.4	8.9	8.9	9.4	+0.5

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 5-4

Cocaine: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	1.9	2.0	2.9	3.9	5.7	5.2	5.8	+0.6
Sex:								
Male	2.5	2.5	3.9	5.0	6.8	6.0	6.3	+0.3
Female	1.2	1.4	1.9	2.6	4.4	4.3	5.0	+0.7
College Plans:								
None or under 4 yrs	NA	2.2	3.3	4.0	6.4	5.9	5.6	-0.3
Complete 4 yrs	NA	1.6	2.1	3.3	4.3	4.2	5.5	+1.3ss
Region:								
Northeast	1.7	2.4	3.5	5.7	6.8	5.4	8.1	+2.7ss
North Central	1.7	1.6	2.4	3.4	4.5	4.4	3.8	-0.6
South	1.6	1.6	2.2	2.7	3.6	3.2	2.9	-0.3
West	3.1	3.4	4.8	4.8	10.0	10.2	12.0	+1.8
Population Density:								
Large SMSA	2.6	3.5	3.8	5.7	8.3	7.6	8.8	+1.2
Other SMSA	1.9	1.8	2.6	3.9	5.3	4.7	4.9	+0.2
Non-SMSA	1.4	1.3	2.6	2.5	4.1	4.2	4.7	+0.5

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 5-5

Cocaine: Frequency of Use in the Last Year by Subgroups, Class of 1981

(Entries are percentages)

		Number of occasions in last 12 months						
	Number of Cases (Approx.)	None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	17500	87.6	5.8	2.6	1.5	1.3	0.6	0.6
Sex:								
Male	8400	86.2	6.8	2.7	1.4	1.3	0.7	0.8
Female	8600	89.6	4.5	2.2	1.4	1.2	0.5	0.4
College Plans:								
None or under 4 yrs	6700	87.6	6.0	2.6	1.1	1.3	0.7	0.6
Complete 4 yrs	9700	88.5	5.3	2.4	1.6	1.2	0.6	0.5
Region:								
Northeast	4100	83.2	7.4	3.1	2.7	1.6	1.0	1.0
North Central	5300	90.6	5.0	2.0	0.9	0.8	0.3	0.5
South	5300	93.2	3.8	1.3	0.7	0.6	0.3	0.1
West	2800	77.9	8.7	5.2	2.4	3.1	1.4	1.2
Population Density:								
Large SMSA	4500	82.5	7.4	3.5	2.7	2.0	0.9	1.0
Other SMSA	7100	88.5	5.9	2.5	1.2	1.0	0.5	0.4
Non-SMSA	5900	90.6	4.3	1.9	0.9	1.1	0.6	0.6

NOTE: See Appendix D for definition of variables in table.

TABLE 5-6

Cocaine: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Lifetime use							
No occasions	91.0	90.3	89.2	87.1	84.6	84.3	83.5
1-2 occasions	4.3	5.1	5.4	6.7	7.0	6.5	7.2
3-5 occasions	2.0	2.0	1.9	2.5	2.8	2.9	3.1
6-9 occasions	0.9	1.0	1.2	1.4	1.7	2.0	1.8
10-19 occasions	0.8	0.7	1.1	1.0	1.6	1.9	1.8
20-39 occasions	0.5	0.5	0.5	0.6	0.9	1.1	1.1
40 or more	0.4	0.4	0.6	0.7	1.3	1.3	1.6
N =	(9874)	(15930)	(17689)	(18203)	(16092)	(15945)	(17678)
Use in last twelve months							
No occasions	94.4	94.0	92.8	91.0	88.0	87.7	87.6
1-2 occasions	3.3	3.5	4.0	5.1	5.9	5.9	5.8
3-5 occasions	1.0	1.2	1.3	1.7	2.3	2.6	2.6
6-9 occasions	0.6	0.6	0.9	0.9	1.6	1.6	1.5
10-19 occasions	0.4	0.4	0.5	0.7	1.1	1.2	1.3
20-39 occasions	0.2	0.2	0.2	0.3	0.5	0.5	0.6
40 or more	0.2	0.1	0.2	0.3	0.6	0.5	0.6
N =	(9864)	(15910)	(17676)	(18178)	(16069)	(15922)	(17662)
Use in last thirty days							
No occasions	98.1	98.0	97.1	96.1	94.3	94.8	94.2
1-2 occasions	1.2	1.4	1.9	2.5	3.5	3.2	3.5
3-5 occasions	0.4	0.3	0.6	0.8	1.1	1.0	1.1
6-9 occasions	0.1	0.2	0.3	0.4	0.5	0.5	0.7
10-19 occasions	0.0	0.1	0.1	0.2	0.3	0.3	0.4
20-39 occasions	0.0	0.0	0.0	0.1	0.1	0.1	0.1
40 or more	0.0	0.0	0.0	0.1	0.1	0.2	0.2
N =	(9861)	(15904)	(17669)	(18175)	(16067)	(15927)	(17663)
Probability of future use							
Definitely will not	81.2	79.3	77.1	74.6	73.9	73.9	73.3
Probably will not	15.1	15.7	16.7	17.6	16.2	16.9	17.5
Probably will	3.0	3.9	4.9	6.3	8.1	7.1	7.0
Definitely will	0.8	1.1	1.2	1.5	1.8	2.0	2.3
N =	(2894)	(3071)	(3435)	(3513)	(3150)	(3106)	(3429)

TABLE 5-7

Cocaine: Trends in Grade in Which First Used

	Percent reporting first use in each grade						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Sixth grade (or below)	0.0	0.0	0.2	0.1	0.0	0.1	0.1
Seventh or Eighth grade	0.3	0.3	0.5	0.5	0.5	0.5	0.4
Ninth grade	0.8	1.2	2.0	1.6	1.3	1.7	1.7
Tenth grade	1.5	2.9	2.4	2.4	3.0	3.3	4.0
Eleventh grade	3.6	3.1	3.6	4.6	5.5	5.8	6.1
Twelfth grade	2.8	2.1	2.0	3.7	5.1	4.3	4.2
Never used	91.0	90.3	89.2	87.1	84.6	84.3	83.5
N[a] =	(2915)	(2947)	(6160)	(6185)	(5665)	(5605)	(6284)

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[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 5-8

Cocaine: Grade in Which First Used by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Grade in school						
		6 or below	7/8	9	10	11	12	Never used
All seniors	6300	0.1	0.4	1.7	4.0	6.1	4.2	83.5
Sex:								
Male	3000	0.2	0.5	1.9	4.8	6.8	4.5	81.3
Female	3200	0.1	0.3	1.0	3.1	5.4	3.8	86.2
College Plans:								
None or under 4 yrs	2400	0.1	0.6	1.9	4.9	6.7	3.9	81.9
Complete 4 yrs	3600	0.1	0.3	1.2	3.0	5.5	4.3	85.6
Region:								
Northeast	1400	0.1	0.6	2.2	5.2	7.4	6.2	78.3
North Central	2000	0.2	0.5	1.3	3.8	4.8	3.3	86.0
South	1900	0.1	0.1	0.9	2.6	3.5	2.7	90.0
West	1000	0.2	0.7	2.8	5.3	11.3	6.0	73.6
Population Density:								
Large SMSA	1500	0.1	0.6	2.2	5.2	7.6	6.2	78.1
Other SMSA	2600	0.1	0.4	1.4	3.7	6.6	3.6	84.2
Non-SMSA	2200	0.2	0.4	1.4	3.4	4.3	3.5	86.7

NOTE: See Appendix D for definition of variables in table.

TABLE 5-9

Cocaine: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	1.1	1.5	2.7	2.2	1.8	2.3	2.2	-0.1
Sex:								
Male	1.3	1.9	3.2	2.9	2.5	3.5	2.6	-0.9
Female	1.0	1.0	2.0	1.5	1.3	1.3	1.4	+0.1
College Plans:								
None or under 4 yrs	NA	1.5	2.8	2.7	2.5	2.9	2.6	-0.3
Complete 4 yrs	NA	1.4	2.0	1.5	1.3	1.7	1.6	-0.1
Region:								
Northeast	1.3	1.8	2.3	2.6	2.1	2.1	2.9	+0.8
North Central	0.7	1.3	1.9	2.2	1.6	2.4	2.0	-0.4
South	0.7	1.7	3.0	1.4	1.3	1.1	1.1	0.0
West	1.9	1.6	4.4	2.6	3.2	4.3	3.7	-0.6
Population Density:								
Large SMSA	1.5	2.6	2.7	2.4	2.2	3.4	2.9	-0.5
Other SMSA	1.3	1.6	2.8	2.5	2.3	2.4	1.9	-0.5
Non-SMSA	0.4	0.7	2.2	1.8	1.0	1.6	2.0	+0.4

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 5-10

Cocaine: Trends in Degree and Duration of Feeling High

Q. When you take cocaine how high do you usually get?[a]	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
PERCENT OF RECENT USERS:							
I don't take it to get high	1.1	0.8	0.3	0.0	2.1	1.9	0.6
Not at all high	3.5	2.9	4.5	5.5	3.6	3.6	7.4
A little high	18.8	11.8	17.9	17.6	19.6	22.9	22.1
Moderately high	40.1	45.1	45.9	38.2	50.6	43.7	42.4
Very high	36.6	39.5	31.4	38.6	24.2	27.9	27.5
N =	(124)	(183)	(260)	(335)	(394)	(360)	(434)
PERCENT OF ALL RESPONDENTS:							
No use in last 12 months	94.4	94.0	92.8	91.0	87.5	88.4	87.2
I don't take it to get high	0.1	0.0	0.0	0.0	0.3	0.2	0.1
Not at all high	0.2	0.2	0.3	0.5	0.5	0.4	0.9
A little high	1.1	0.7	1.3	1.6	2.5	2.7	2.8
Moderately high	2.2	2.7	3.3	3.4	6.3	5.1	5.4
Very high	2.0	2.4	2.3	3.5	3.0	3.2	3.5
N =	(2214)	(3050)	(3611)	(3722)	(3142)	(3105)	(3400)
Q. When you take cocaine how long do you usually stay high?[a]							
PERCENT OF RECENT USERS:							
Usually don't get high	3.4	2.8	3.6	5.8	5.8	7.2	8.2
One to two hours	31.0	27.6	31.9	33.2	43.3	38.2	45.9
Three to six hours	47.5	46.8	49.4	39.6	36.5	36.0	33.8
Seven to 24 hours	14.4	19.6	13.1	20.9	14.1	17.3	9.8
More than 24 hours	3.7	3.1	1.9	0.5	0.3	1.3	2.3
N =	(125)	(182)	(256)	(331)	(392)	(357)	(432)
PERCENT OF ALL RESPONDENTS:							
No use in last 12 months	94.4	94.0	92.8	91.0	87.5	88.5	87.3
Usually don't get high	0.2	0.2	0.3	0.5	0.7	0.8	1.0
One to two hours	1.7	1.7	2.3	3.0	5.4	4.4	5.8
Three to six hours	2.7	2.8	3.6	3.6	4.6	4.2	4.3
Seven to 24 hours	0.8	1.2	0.9	1.9	1.8	2.0	1.2
More than 24 hours	0.2	0.2	0.1	0.0	0.0	0.1	0.3
N =	(2232)	(3033)	(3556)	(3678)	(3140)	(3102)	(3398)

---

[a] These questions appear in just one form. They are asked only of respondents who report use of the drug in the prior twelve months (i.e., "recent users").

FIGURE 5-1

Cocaine: Trends in Lifetime Prevalence for Earlier Grade Levels Based on Retrospective Reports from Seniors

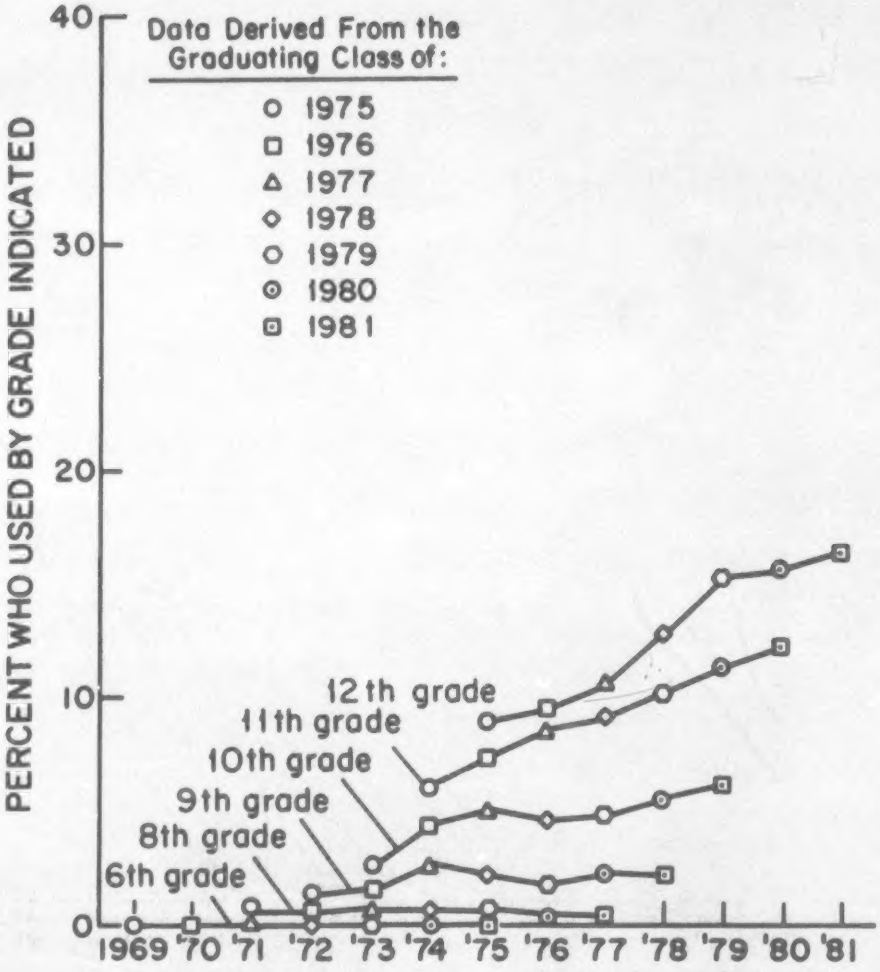
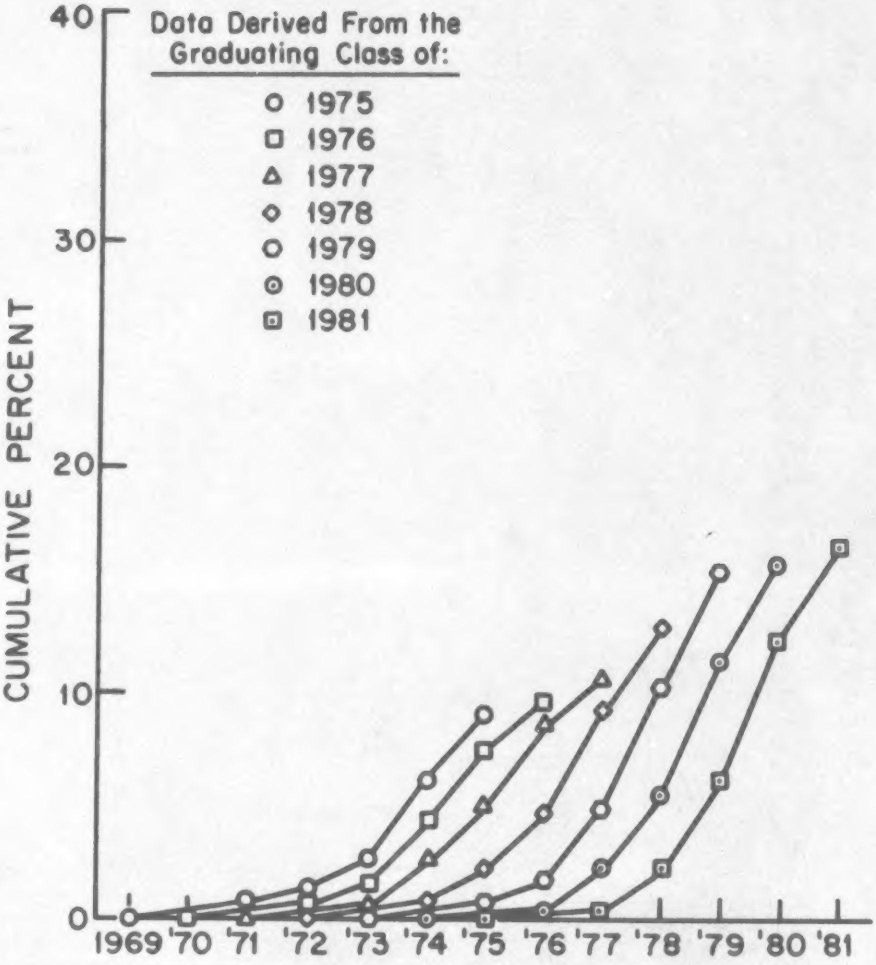


FIGURE 5-2

Cocaine: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

Chapter 6

HEROIN

Heroin is the drug most widely perceived among high school students as carrying a great risk of harm for the user; it also receives the greatest disapproval (see Chapter 13). Thus it is not surprising that heroin is the least widely used of the illicit drugs studied. However, the extreme social sanctions against its use may also tend to depress respondent willingness to report use of this particular drug. Therefore, the absolute prevalence figures must be interpreted with a high degree of caution. Insofar as under-reporting biases are likely to remain fairly constant from year to year, however, we feel that trends may be estimated more reliably than absolute prevalence levels.

Prevalence of Use in 1981

Total Sample	Table(s)
• Only about one out of every 90 respondents (1.1%) admit to ever having used heroin, and only about one in two hundred (0.5%) indicate use in the prior year.	1,2,3
• The number indicating use in the prior 30 days is 0.2%.	1,4
• Less than 0.1% of all respondents report use more frequently than two times in the last month.	6

Subgroup Differences

• Because of the very low frequencies in the overall prevalence figures, subgroup differences must be interpreted with some caution. However, the two differences described below related to the sex and college plans of the respondent have been observed consistently across all seven years of the study.	
• Sex Differences. The prevalence rates for males are somewhat higher than for females. For example, the monthly prevalence figures in 1981 were 0.3% for males and 0.1% for females.	1,2,3,4,5
• College Plans. Those who do not plan to complete four years of college have somewhat higher prevalence rates than those who do. In 1981, the monthly prevalence statistics were 0.3% and 0.1%, respectively, and lifetime prevalence rates were 1.2% and 0.9%, respectively. The annual prevalence statistics show no clear difference in 1981; however, in all other years the percentages were higher for the noncollege-bound.	1,2,3,4,5
• There have been no consistent subgroup differences associated with either region of the country or degree of urbanicity.	1,2,3,4

Recent Trends in Prevalence

Total Sample

Table(s)

- Over the four year interval 1975 to 1979 the lifetime, annual, and monthly prevalence rates for heroin all dropped by one-half. However, these statistics have not changed at all since 1979. 2,3,4

Subgroup Differences in Trends

- Because of the very small numbers of self-reported users in each year, subgroup trends can be estimated less reliably than overall trends. Further, downward trends (stated as a percentage of the sample) are very limited in their potential absolute size. Within these constraints, we can observe that each subgroup has shown a decline in reported heroin use between 1975 and 1981; however, the data do not clearly indicate that one subgroup has declined more rapidly than another, although proportionally, the drop in lifetime and annual heroin use appears to have been greatest in the large cities. 2,3,4

Use at Earlier Grade Levels

- Since only 1.1% report having ever used heroin, the percentages reporting first use at any particular grade level are extremely low. The great majority of those having any experience with the drug started in ninth grade or later. In none of the seven cohorts studied here have more than 0.2% of the respondents reported initial heroin use prior to ninth grade. 7
- During the years for which we can reconstruct prevalence estimates at earlier grade levels (using retrospective data from these seven cohorts), heroin prevalence declined somewhat at each of the high school grades (ten through twelve). 7 Fig 1

Probability of Future Use

- About 92% of 1981 seniors say they "definitely will not" use heroin five years in the future and another 7.3% say they "probably will not." These very high percentages, which have not changed in any systematic way since 1975, are higher than for any other drug class covered in the survey. 6

Degree and Duration of Highs

- On one questionnaire form seniors who reported using any heroin in the prior twelve months were asked to rate the degree and duration of the highs they usually experience when 10

Table(s)

using the drug. Thus only about 20 respondents have been eligible to answer these questions most years (and in 1979 and 1980 the numbers happened to be lower, due in part to smaller overall sample sizes that year and in part to form-to-form fluctuations in prevalence rates).

- There is no evidence of any consistent directional trend in the degree or duration of highs on heroin. Accordingly, we can gain some accuracy in estimates if we combine all recent users from the classes of 1975 through 1981 (a total of 120 respondents). 10

  Nearly two-thirds of those users (63% across 1975-1981, 65% in 1981) report that they usually get "very high" on heroin. 10

- Nearly all users indicate that they usually stay high at least 3 hours, and nearly half say they stay high for longer than 6 hours. 10

TABLE 6-1

Heroin: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	17500	1.1	0.2	0.3	0.6	98.9
Sex:						
Male	8400	1.2	0.3	0.3	0.6	98.8
Female	8600	0.8	0.1	0.2	0.5	99.2
College Plans:						
None or under 4 yrs	6700	1.2	0.3	0.2	0.7	98.8
Complete 4 yrs	9700	0.9	0.1	0.4	0.4	99.1
Region:						
Northeast	4100	1.0	0.2	0.3	0.5	99.0
North Central	5300	1.2	0.2	0.4	0.6	98.8
South	5300	0.9	0.2	0.3	0.4	99.1
West	2800	1.1	0.2	0.3	0.6	98.9
Population Density:						
Large SMSA	4500	0.9	0.2	0.1	0.6	99.1
Other SMSA	7100	1.0	0.3	0.2	0.5	99.0
Non-SMSA	5900	1.3	0.2	0.5	0.6	98.7

NOTE: See Appendix D for definition of variables in table.

TABLE 6-2

Heroin: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All Seniors	2.2	1.8	1.8	1.6	1.1	1.1	1.1	0.0
Sex:								
Male	2.7	2.4	2.4	2.0	1.4	1.3	1.2	-0.1
Female	1.7	1.2	1.1	1.2	0.9	0.9	0.8	-0.1
College Plans:								
None or under 4 yrs	NA	2.3	2.2	1.9	1.6	1.5	1.2	-0.3
Complete 4 yrs	NA	1.3	1.2	1.2	0.7	0.7	0.9	+0.2
Region:								
Northeast	1.9	1.7	1.5	1.3	1.2	1.2	1.0	-0.2
North Central	2.6	2.0	1.9	1.4	1.2	1.3	1.2	-0.1
South	2.1	2.0	2.1	2.1	1.2	1.1	0.9	-0.2
West	1.8	1.4	1.2	1.6	0.8	0.7	1.1	+0.4
Population Density:								
Large SMSA	2.5	2.1	1.4	1.4	0.8	0.8	0.9	+0.1
Other SMSA	2.2	2.1	1.7	1.8	1.2	1.2	1.0	-0.2
Non-SMSA	1.9	1.3	2.2	1.6	1.3	1.2	1.3	+0.1

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 6-3

Heroin: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	1.0	0.8	0.8	0.8	0.5	0.5	0.5	0.0
Sex:								
Male	1.2	1.0	1.2	1.1	0.6	0.6	0.6	0.0
Female	0.8	0.5	0.4	0.6	0.3	0.4	0.3	-0.1
College Plans:								
None or under 4 yrs	NA	0.9	1.1	1.0	0.7	0.6	0.5	-0.1
Complete 4 yrs	NA	0.6	0.5	0.6	0.3	0.3	0.5	+0.2
Region:								
Northeast	1.1	0.7	0.7	0.6	0.6	0.5	0.5	0.0
North Central	1.3	1.0	1.0	0.8	0.5	0.7	0.6	-0.1
South	0.9	0.7	0.9	1.1	0.6	0.3	0.5	+0.2
West	0.7	0.6	0.5	0.8	0.2	0.4	0.5	+0.1
Population Density:								
Large SMSA	1.3	1.0	0.5	0.7	0.4	0.3	0.3	0.0
Other SMSA	0.9	1.0	0.8	0.8	0.6	0.5	0.5	0.0
Non-SMSA	1.0	0.4	1.1	1.0	0.5	0.6	0.7	+0.1

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 6-4

Heroin: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	0.4	0.2	0.3	0.3	0.2	0.2	0.2	0.0
Sex:								
Male	0.4	0.3	0.5	0.6	0.2	0.3	0.3	0.0
Female	0.3	0.1	0.2	0.1	0.1	0.1	0.1	0.0
College Plans:								
None or under 4 yrs	NA	0.2	0.4	0.4	0.3	0.3	0.3	0.0
Complete 4 yrs	NA	0.2	0.2	0.2	0.1	0.1	0.1	0.0
Region:								
Northeast	0.3	0.3	0.5	0.3	0.3	0.2	0.2	0.0
North Central	0.6	0.2	0.4	0.2	0.2	0.4	0.2	-0.2
South	0.4	0.2	0.2	0.5	0.1	0.1	0.2	+0.1
West	0.3	0.1	0.2	0.3	0.1	0.2	0.2	0.0
Population Density:								
Large SMSA	0.5	0.3	0.3	0.3	0.1	0.3	0.2	-0.1
Other SMSA	0.3	0.2	0.3	0.3	0.2	0.2	0.3	+0.1
Non-SMSA	0.5	0.1	0.4	0.4	0.2	0.2	0.2	0.0

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 6-5

Heroin: Frequency of Use in the Last Year by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Number of occasions in last 12 months						
		None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	17500	99.5	0.3	0.0	0.0	0.0	0.0	0.1
Sex:								
Male	8400	99.4	0.4	0.1	0.0	0.0	0.0	0.1
Female	8600	99.7	0.2	0.0	0.0	0.0	0.0	0.0
College Plans:								
None or under 4 yrs	6700	99.5	0.3	0.0	0.0	0.1	0.0	0.0
Complete 4 yrs	9700	99.5	0.3	0.0	0.0	0.0	0.0	0.0
Region:								
Northeast	4100	99.5	0.3	0.1	0.0	0.0	0.0	0.0
North Central	5300	99.4	0.4	0.0	0.0	0.0	0.0	0.1
South	5300	99.5	0.3	0.0	0.1	0.0	0.0	0.0
West	2800	99.5	0.4	0.0	0.0	0.0	0.0	0.0
Population Density:								
Large SMSA	4500	99.7	0.2	0.0	0.0	0.1	0.0	0.0
Other SMSA	7100	99.5	0.3	0.1	0.0	0.0	0.0	0.1
Non-SMSA	5900	99.3	0.6	0.0	0.1	0.0	0.0	0.0

NOTE: See Appendix D for definition of variables in table.

TABLE 6-6

Heroin: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Lifetime use							
No occasions	97.8	98.2	98.2	98.4	98.9	98.9	98.9
1-2 occasions	1.4	1.2	1.1	1.1	0.7	0.7	0.6
3-5 occasions	0.2	0.2	0.2	0.3	0.1	0.2	0.2
6-9 occasions	0.1	0.1	0.1	0.1	0.1	0.1	0.1
10-19 occasions	0.2	0.1	0.1	0.1	0.1	0.1	0.0
20-39 occasions	0.0	0.0	0.1	0.1	0.0	0.0	0.0
40 or more	0.2	0.1	0.1	0.1	0.1	0.1	0.1
N =	(9494)	(15895)	(17609)	(18141)	(16055)	(15895)	(17639)
Use in last twelve months							
No occasions	99.0	99.2	99.2	99.2	99.5	99.5	99.5
1-2 occasions	0.6	0.5	0.5	0.5	0.3	0.3	0.3
3-5 occasions	0.1	0.1	0.1	0.1	0.1	0.1	0.0
6-9 occasions	0.1	0.1	0.1	0.1	0.1	0.0	0.0
10-19 occasions	0.1	0.0	0.0	0.1	0.0	0.0	0.0
20-39 occasions	0.0	0.0	0.0	0.0	0.0	0.0	0.0
40 or more	0.1	0.0	0.1	0.0	0.0	0.0	0.1
N =	(9525)	(15893)	(17602)	(18142)	(16058)	(15896)	(17635)
Use in last thirty days							
No occasions	99.6	99.8	99.7	99.7	99.8	99.8	99.8
1-2 occasions	0.2	0.1	0.2	0.2	0.1	0.1	0.1
3-5 occasions	0.1	0.0	0.1	0.1	0.1	0.0	0.0
6-9 occasions	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10-19 occasions	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20-39 occasions	0.0	0.0	0.0	0.0	0.0	0.0	0.0
40 or more	0.1	0.0	0.0	0.0	0.0	0.0	0.0
N =	(9527)	(15894)	(17601)	(18142)	(16053)	(15891)	(17635)
Probability of future use							
Definitely will not	90.9	91.8	90.3	91.6	91.2	91.8	91.7
Probably will not	8.2	7.4	8.6	7.5	8.0	6.9	7.3
Probably will	0.3	0.3	0.5	0.4	0.3	0.6	0.4
Definitely will	0.6	0.5	0.6	0.6	0.5	0.7	0.6
N =	(2867)	(2980)	(3370)	(3416)	(3063)	(3023)	(3345)

TABLE 6-7

Heroin: Trends in Grade in Which First Used

	Percent reporting first use in each grade						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Sixth grade (or below)	0.1	0.0	0.1	0.1	0.0	0.2	0.0
Seventh or Eighth grade	0.1	0.2	0.1	0.1	0.2	0.0	0.1
Ninth grade	0.1	0.3	0.4	0.3	0.2	0.2	0.3
Tenth grade	0.7	0.6	0.4	0.3	0.2	0.2	0.1
Eleventh grade	0.4	0.5	0.6	0.4	0.4	0.2	0.3
Twelfth grade	0.6	0.3	0.2	0.3	0.2	0.4	0.3
Never used	97.8	98.2	98.2	98.4	98.9	98.9	98.9
N[a] =	(2898)	(2958)	(6189)	(6237)	(5669)	(5621)	(6309)

---

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 6-8

Heroin: Grade in Which First Used by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Grade in school 6 or below	7/8	9	10	11	12	Never used
All seniors	6300	0.0	0.1	0.3	0.1	0.3	0.3	98.9
Sex:								
Male	3000	0.1	0.1	0.2	0.2	0.3	0.2	98.8
Female	3200	0.0	0.2	0.0	0.2	0.2	0.3	99.2
College Plans:								
None or under 4 yrs	2400	0.1	0.2	0.3	0.1	0.4	0.1	98.8
Complete 4 yrs	3600	0.0	0.1	0.0	0.1	0.3	0.4	99.1
Region:								
Northeast	1400	0.1	0.1	0.3	0.2	0.0	0.3	99.0
North Central	2000	0.0	0.3	0.3	0.2	0.3	0.2	98.8
South	1900	0.0	0.0	0.0	0.1	0.4	0.4	99.1
West	1000	0.1	0.2	0.1	0.0	0.4	0.2	98.9
Population Density:								
Large SMSA	1500	0.0	0.2	0.2	0.2	0.0	0.2	99.1
Other SMSA	2600	0.0	0.1	0.0	0.1	0.4	0.3	99.0
Non-SMSA	2200	0.1	0.1	0.3	0.1	0.3	0.3	98.7

NOTE: See Appendix D for definition of variables in table.

TABLE 6-9

Heroin: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	0.3	0.5	0.6	0.5	0.4	0.4	0.4	0.0
Sex:								
Male	0.6	0.8	0.6	0.8	0.4	0.6	0.4	-0.2
Female	0.2	0.3	0.3	0.4	0.4	0.4	0.2	-0.2
College Plans:								
None or under 4 yrs	NA	0.6	0.5	1.0	0.6	0.6	0.6	0.0
Complete 4 yrs	NA	0.5	0.4	0.2	0.2	0.0	0.1	+0.1
Region:								
Northeast	0.6	0.9	0.5	0.4	0.2	0.4	0.5	+0.1
North Central	0.4	0.7	0.3	0.3	0.1	0.3	0.6	+0.3
South	0.2	0.7	0.6	0.8	0.8	0.2	0.0	-0.2
West	0.3	0.2	0.4	1.0	0.0	0.3	0.4	+0.1
Population Density:								
Large SMSA	0.9	0.4	0.5	0.2	0.0	0.2	0.4	+0.2
Other SMSA	0.4	0.6	0.5	1.0	0.6	0.3	0.1	-0.2
Non-SMSA	0.2	0.5	0.6	0.7	0.2	0.3	0.5	+0.2

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 6-10

Heroin: Trends in Degree and Duration of Feeling High

Q. *When you take heroin how high do you usually get?*[a]	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
PERCENT OF RECENT USERS:							
I don't take it to get high	0.0	0.0	9.0	5.2	0.0	0.0	0.0
Not at all high	5.3	0.0	0.0	8.8	0.0	0.0	8.2
A little high	0.0	7.9	20.6	12.1	18.3	0.0	0.0
Moderately high	29.2	20.9	27.9	17.8	0.0	11.2	27.2
Very high	65.5	71.2	42.4	56.1	81.7	88.8	64.6
N =	(21)	(20)	(20)	(19)	(8)	(6)	(26)
PERCENT OF ALL RESPONDENTS:							
No use in last 12 months	99.0	99.2	99.2	99.2	99.7	99.8	99.2
I don't take it to get high	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Not at all high	0.1	0.0	0.0	0.1	0.0	0.0	0.1
A little high	0.0	0.1	0.2	0.1	0.0	0.0	0.0
Moderately high	0.3	0.2	0.2	0.1	0.0	0.0	0.2
Very high	0.7	0.6	0.3	0.4	0.2	0.2	0.5
N =	(2100)	(2500)	(2500)	(2375)	(3122)	(3068)	(3370)
Q. *When you take heroin how long do you usually stay high?*[a]							
PERCENT OF RECENT USERS:							
Usually don't get high	5.3	0.0	0.0	0.0	0.0	0.0	3.4
One to two hours	15.2	20.0	22.6	8.8	15.9	0.0	3.0
Three to six hours	45.1	43.3	52.7	42.7	45.5	49.7	27.3
Seven to 24 hours	34.4	22.3	11.5	30.1	23.7	50.3	46.7
More than 24 hours	0.0	14.3	13.2	18.4	15.0	0.0	19.7
N =	(21)	(21)	(19)	(19)	(9)	(7)	(25)
PERCENT OF ALL RESPONDENTS:							
No use in last 12 months	99.0	99.2	99.2	99.2	99.7	99.8	99.3
Usually don't get high	0.1	0.0	0.0	0.0	0.0	0.0	0.0
One to two hours	0.2	0.2	0.2	0.1	0.0	0.0	0.0
Three to six hours	0.5	0.3	0.4	0.3	0.1	0.1	0.2
Seven to 24 hours	0.3	0.2	0.1	0.2	0.1	0.1	0.3
More than 24 hours	0.0	0.1	0.1	0.1	0.0	0.0	0.1
N =	(2100)	(2625)	(2375)	(2375)	(3123)	(3069)	(3369)

---

[a] These questions appear in just one form. They are asked only of respondents who report use of the drug in the prior twelve months (i.e., "recent users").

FIGURE 6-1

Heroin: Trends in Lifetime Prevalence for Earlier Grade Levels Based on Retrospective Reports from Seniors

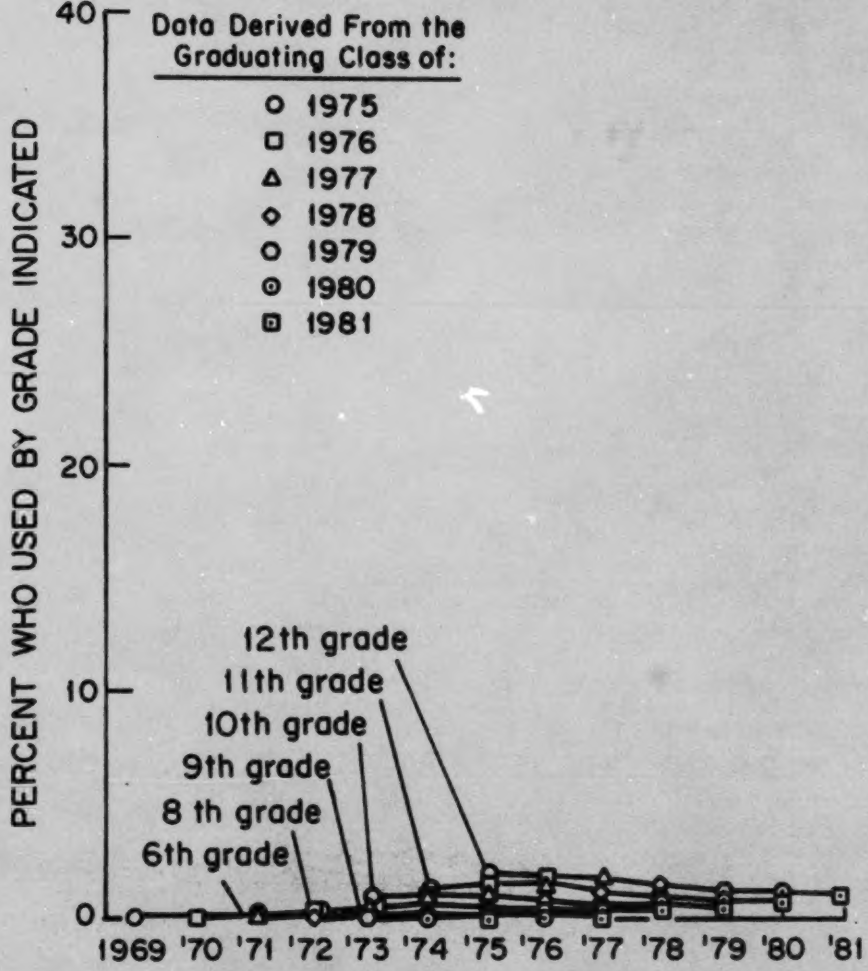
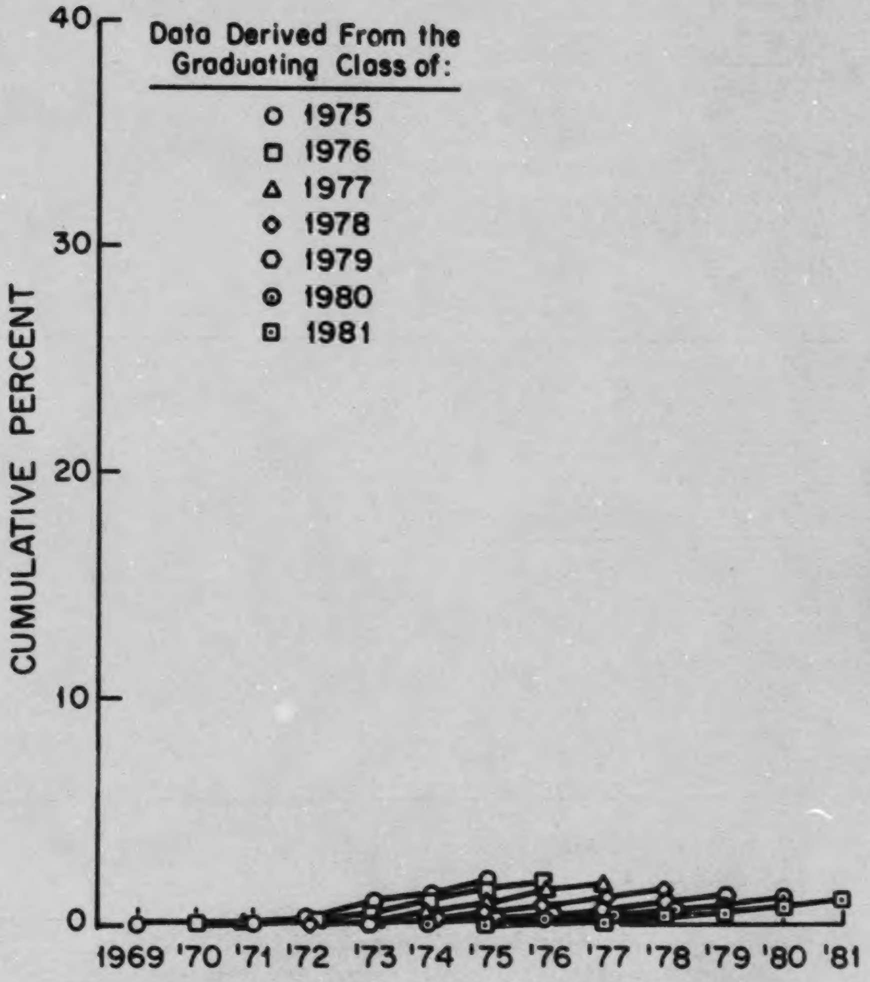


FIGURE 6-2

Heroin: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

Chapter 7

OTHER OPIATES

The questionnaire items used in this survey ask about "other narcotics" because, in addition to opium and opium derivatives, synthetic opiates such as methadone were included in the examples given in the question (see Appendix D for the original question). To achieve consistency in terminology with the national household surveys on drug use, however, the term "other opiates" has been adopted here; perhaps a more accurate title would be "other opiates and opiate-like substances."

Respondents were asked to report only about the occasions when they used such substances without a doctor's orders. One form of the questionnaire, however, included an additional question which asked whether the respondent had ever used any narcotics other than heroin under a doctor's orders. In 1981, 16.9% said that they had done so and that it was the first time they had used such a substance. Another 2.2% said that they had done so but had previously used such drugs on their own.

Summarized below are the prevalence and trend results for the use of natural and synthetic opiates (other than heroin) which was not under medical supervision.

Prevalence of Use in 1981

Total Sample	Table(s)
• About one in ten students (10.1%) has used some opiate or opiate-like substance without medical supervision by the end of senior year. Nearly half of those had used it only once or twice, however.	1,2,6
• For the previous year 5.9% report some use, while the figure for the prior month is 2.1%.	1,3,4
• Relatively few (1.1%) report use on 20 or more occasions in their lifetime.	6
• Almost no one (0.1%) reports daily or near-daily use in the prior 30 days.	6
Subgroup Differences	
• Sex Differences. The non-medical use of other opiates is a little higher among males than among females in all three time intervals. Annual prevalence is 6.5% for males vs. 5.3% for females.	1,2,3,4,5
• College Plans. Other opiate use is somewhat more widespread among those not planning to attend a four-year college (7.2% used in the last year) than among those who do plan to attend (4.8% used in the same interval).	1,2,3,4,5

Table(s)

- Region of the Country. There is one consistent but relatively small regional difference in the use of other opiates; the South generally has below average rates. This difference has been replicated over seven graduating classes. 1,2,3,4,5

- Population Density. There are consistent, though relatively small, differences such that use is highest in large cities and lowest in non-metropolitan areas. This association with urbanicity has been replicated in nearly all years of the study. 1,2,3,4,5

Recent Trends in Prevalence

Total Sample

- There was a very slight increase in reported lifetime prevalence from 9.0% in 1975 to 10.3% in 1977, with no appreciable change thereafter. 2

- Annual and 30-day prevalence reports were slightly elevated (less than one percent) in 1977; however, the dominant picture is one of stability. All in all, annual and 30-day prevalence in 1981 approximately equal their 1975 levels. 3,4

- Frequent use shows the same two-year pattern, i.e., a small rise in 1977 followed by a small drop in 1978, leaving levels thereafter approximately equal to 1975 levels. Only about 1% of seniors reported usage levels higher than once or twice a month in any of the senior classes from 1975 onward. 6

Subgroup Differences in Trends

- No consistent differential trends are discernible between the two sexes, among the regions of the country, or between college-bound and noncollege-bound seniors. 2,3,4

Use at Earlier Grade Levels

- As was true for heroin, most initiation to opiates other than heroin occurs in tenth grade or later. Only 1.2% of the 1981 sample report experience with such drugs prior to ninth grade. 7 Fig 2

- Figure 1 shows that across the years for which we can reconstruct prevalence estimates using the retrospective data from the seven graduating classes, the use of opiates other than heroin showed only slight fluctuations from year to year at lower grade levels. Overall, lifetime prevalence rates have been quite stable. Fig 1

- Subgroups differences in early prevalence (prior to tenth grade) are mostly what would be expected from the subgroup differences in twelfth grade, discussed earlier, except that in 1981 (and also 1980) the data no longer show any sex difference. 9

Probability of Future Use

Table(s)

- In 1981, only 3.3% of the seniors report they "probably" or "definitely" will be using other opiates five years in the future. 6

- There has been very little change in these statistics since 1975. 6

Degree and Duration of Highs

- Seniors who used narcotics other than heroin during the prior twelve months without medical orders were asked to rate the degree and duration of the highs they usually experienced with such drugs.

- The most commonly chosen descriptions of the degree of high experienced are "a little high" (30%) and "moderately high" (29%), whereas only 15% say they usually get "very high." Thus, the highs tend to be less intense than with heroin. 10

- There is a fairly consistent downward trend in the degree to which users report getting high; and there is a corresponding increase in the proportion of users who say that they are not taking them for the purpose of getting high or that they usually do not get high. 10

- The majority of users report either not getting high (24%) or remaining high for only one or two hours (30%). While the trend has been somewhat erratic, it is clear that the average duration of highs for users of narcotics other than heroin has declined substantially. Thus, for example, in the class of 1975 the proportion of users reporting highs lasting three hours or more was 84%, and in subsequent years the corresponding figures were 68%, 60%, 66%, 58%, 55%, and (in 1981) 45%. 10

- Accompanying the decline in proportions of seniors who get very high and/or remain high for longer periods, we know from data not displayed here that there has been an increase in the percentages whose reasons for use include "to relieve physical pain" (up from 27% in 1978—the first year this response was included—to 53% in 1981) or "to get to sleep" (up from 15% in 1976 to 26% in 1981), and a decline in the percentage of users whose reasons for use include "to feel good or get high" (down from 66% in 1976 to 52% in 1981). Also, there has been an increase in the percentages of recent users of narcotics other than heroin who report use of codeine (58% or slightly lower through 1978, then increasing gradually to 78% in 1981) and a decline in the proportion of users mentioning the use of opium—the second most frequently mentioned other narcotic—from 58% in 1976 to 45% in 1981. Thus, while overall usage rates for narcotics other than heroin have not changed substantially, it does appear that there is a growing minority of users among high school seniors whose purposes are primarily "self-medication" rather than recreation. Consistent with this shift, there has been a shift towards increasing proportions of users reporting ingesting this class of drugs by mouth and a decreasing proportion who report smoking or snorting as modes of administration.

TABLE 7-1

Other Opiates: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	17500	10.1	2.1	3.8	4.2	89.9
Sex:						
Male	8400	11.3	2.4	4.1	4.8	88.7
Female	8600	8.9	1.8	3.5	3.6	91.1
College Plans:						
None or under 4 yrs	6700	11.8	3.0	4.2	4.6	88.2
Complete 4 yrs	9700	8.5	1.4	3.4	3.7	91.5
Region:						
Northeast	4100	11.7	2.7	4.5	4.5	88.3
North Central	5300	10.3	2.2	4.0	4.1	89.7
South	5300	7.1	1.5	2.6	3.0	92.9
West	2800	13.2	2.1	5.1	6.0	86.8
Population Density:						
Large SMSA	4500	11.4	2.5	4.4	4.5	88.6
Other SMSA	7100	10.7	2.2	4.1	4.4	89.3
Non-SMSA	5900	8.4	1.6	3.2	3.6	91.6

NOTE: See Appendix D for definition of variables in table.

TABLE 7-2

Other Opiates: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	9.0	9.6	10.3	9.9	10.1	9.8	10.1	+0.3
Sex:								
Male	9.9	11.0	11.6	11.2	11.4	10.8	11.3	+0.5
Female	8.3	8.1	9.0	8.6	8.7	8.7	8.9	+0.2
College Plans:								
None or under 4 yrs	NA	11.1	12.6	11.3	11.5	11.8	11.8	0.0
Complete 4 yrs	NA	7.8	7.9	8.1	8.4	8.0	8.5	+0.5
Region:								
Northeast	10.0	11.1	10.8	11.0	11.0	9.0	11.7	+2.7ss
North Central	9.3	9.7	11.3	10.9	10.3	11.7	10.3	-1.4
South	7.8	8.5	8.9	8.0	8.4	7.8	7.1	-0.7
West	9.7	8.9	10.2	10.6	11.4	11.1	13.2	+2.1
Population Density:								
Large SMSA	11.5	12.0	10.8	11.3	11.4	10.8	11.4	+0.6
Other SMSA	9.2	9.9	10.6	10.1	10.1	10.4	10.7	+0.3
Non-SMSA	7.3	7.4	9.5	8.6	9.0	8.3	8.4	+0.1

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 7-3

Other Opiates: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	5.7	5.7	6.4	6.0	6.2	6.3	5.9	-0.4
Sex:								
Male	6.6	6.8	7.3	6.9	7.3	7.1	6.5	-0.6
Female	4.8	4.7	5.4	5.1	5.1	5.4	5.3	-0.1
College Plans:								
None or under 4 yrs	NA	6.8	8.0	6.8	7.3	7.4	7.2	-0.2
Complete 4 yrs	NA	4.6	4.7	4.9	5.0	5.1	4.8	-0.3
Region:								
Northeast	6.1	6.5	6.6	6.8	7.0	5.7	7.2	+1.5s
North Central	6.2	6.2	7.5	6.7	6.1	7.6	6.2	-1.4s
South	4.9	5.0	5.2	4.5	5.2	5.0	4.1	-0.9
West	5.4	5.0	6.0	6.7	7.1	6.5	7.2	+0.4
Population Density:								
Large SMSA	7.3	6.7	6.7	6.9	7.3	6.9	6.9	0.0
Other SMSA	5.5	6.1	6.3	5.9	6.3	7.0	6.3	-0.7
Non-SMSA	4.8	4.6	6.2	5.4	5.3	4.8	4.8	0.0

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 7-4

Other Opiates: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	2.1	2.0	2.8	2.1	2.4	2.4	2.1	-0.3
Sex:								
Male	2.5	2.4	3.3	2.5	2.8	2.9	2.4	-0.5
Female	1.7	1.6	2.3	1.7	2.0	1.9	1.8	-0.1
College Plans:								
None or under 4 yrs	NA	2.6	3.6	2.6	2.8	2.9	3.0	+0.1
Complete 4 yrs	NA	1.5	2.0	1.6	1.9	1.9	1.4	-0.5s
Region:								
Northeast	2.5	2.1	3.0	2.5	2.8	1.8	2.7	+0.9s
North Central	2.3	2.5	3.4	2.3	2.3	3.3	2.2	-1.1ss
South	1.9	1.6	2.4	1.7	2.1	2.0	1.5	-0.5
West	1.9	1.8	2.4	2.3	2.5	2.2	2.1	-0.1
Population Density:								
Large SMSA	3.3	2.6	3.0	2.3	3.0	2.4	2.5	+0.1
Other SMSA	1.9	2.2	2.7	2.1	2.3	2.7	2.2	-0.5
Non-SMSA	1.6	1.4	2.9	2.0	1.9	2.0	1.6	-0.4

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 7-5

Other Opiates: Frequency of Use in the Last Year by Subgroups, Class of 1981

(Entries are percentages)

		Number of occasions in last 12 months						
	Number of Cases (Approx.)	None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	17500	94.1	3.2	1.3	0.7	0.4	0.2	0.2
Sex:								
Male	8400	93.5	3.5	1.3	0.8	0.4	0.3	0.2
Female	8600	94.7	2.8	1.3	0.5	0.4	0.2	0.1
College Plans:								
None or under 4 yrs	6700	92.8	3.7	1.5	1.0	0.6	0.2	0.2
Complete 4 yrs	9700	95.2	2.6	1.1	0.4	0.3	0.3	0.1
Region:								
Northeast	4100	92.8	3.6	1.5	0.8	0.5	0.5	0.2
North Central	5300	93.8	3.4	1.3	0.7	0.5	0.2	0.1
South	5300	95.9	2.3	0.9	0.4	0.3	0.1	0.1
West	2800	92.8	3.9	1.8	0.8	0.4	0.2	0.2
Population Density:								
Large SMSA	4500	93.1	3.6	1.5	0.7	0.5	0.4	0.2
Other SMSA	7100	93.7	3.5	1.2	0.8	0.5	0.2	0.2
Non-SMSA	5900	95.2	2.4	1.3	0.5	0.4	0.2	0.1

NOTE: See Appendix D for definition of variables in table.

TABLE 7-6

Other Opiates: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Lifetime use							
No occasions	91.0	90.4	89.7	90.1	89.9	90.2	89.9
1-2 occasions	3.7	4.6	4.3	4.7	4.7	4.3	4.7
3-5 occasions	1.7	2.0	2.0	2.1	2.3	2.0	2.3
6-9 occasions	0.9	0.9	1.3	1.1	1.1	1.1	1.0
10-19 occasions	1.2	0.9	0.9	0.9	1.0	1.1	0.9
20-39 occasions	0.5	0.4	0.7	0.5	0.5	0.4	0.4
40 or more	1.0	0.8	1.1	0.7	0.6	0.8	0.7
N =	(9408)	(15741)	(17485)	(17996)	(15967)	(15791)	(17548)
Use in last twelve months							
No occasions	94.3	94.3	93.6	94.0	93.8	93.7	94.1
1-2 occasions	2.6	3.2	3.1	3.2	3.3	3.0	3.2
3-5 occasions	1.1	1.1	1.3	1.2	1.3	1.3	1.3
6-9 occasions	0.8	0.6	0.6	0.7	0.8	0.8	0.7
10-19 occasions	0.6	0.4	0.7	0.4	0.5	0.6	0.4
20-39 occasions	0.2	0.3	0.4	0.2	0.2	0.2	0.2
40 or more	0.3	0.2	0.4	0.2	0.1	0.2	0.2
N =	(9410)	(15741)	(17468)	(17984)	(15957)	(15789)	(17529)
Use in last thirty days							
No occasions	97.9	98.0	97.2	97.9	97.6	97.6	97.9
1-2 occasions	1.0	1.2	1.6	1.2	1.4	1.4	1.2
3-5 occasions	0.6	0.4	0.5	0.5	0.5	0.5	0.4
6-9 occasions	0.3	0.2	0.3	0.2	0.2	0.2	0.2
10-19 occasions	0.2	0.1	0.3	0.1	0.1	0.2	0.1
20-39 occasions	0.0	0.0	0.1	0.0	0.0	0.0	0.1
40 or more	0.0	0.1	0.1	0.0	0.0	0.1	0.0
N =	(9404)	(15738)	(17460)	(17975)	(15946)	(15774)	(17520)
Probability of future use							
Definitely will not	81.0	79.2	79.2	79.0	80.8	81.1	81.1
Probably will not	16.6	17.3	17.3	17.8	16.5	16.0	15.6
Probably will	1.9	2.9	2.9	2.7	2.2	2.3	2.6
Definitely will	0.6	0.5	0.6	0.5	0.6	0.7	0.7
N =	(2888)	(3044)	(3419)	(3492)	(3115)	(3072)	(3414)

TABLE 7-7

Other Opiates: Trends in Grade in Which First Used

	Percent reporting first use in each grade						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Sixth grade (or below)	0.2	0.4	0.3	0.3	0.2	0.4	0.5
Seventh or Eighth grade	0.4	0.5	1.0	1.2	0.5	0.5	0.7
Ninth grade	1.5	1.7	1.6	1.7	1.6	1.8	1.6
Tenth grade	2.4	2.4	2.8	2.5	2.7	2.1	2.2
Eleventh grade	3.1	2.8	2.8	2.5	2.8	3.4	3.2
Twelfth grade	1.5	1.8	1.8	1.7	2.3	1.6	1.8
Never used	91.0	90.4	89.7	90.1	89.9	90.2	89.9
N^a =	(2776)	(2859)	(5912)	(5969)	(5432)	(5373)	(5989)

---

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 7-8

Other Opiates: Grade in Which First Used by Subgroups, Class of 1981

(Entries are percentages)

		Grade in school						
	Number of Cases (Approx.)	6 or below	7/8	9	10	11	12	Never used
All seniors	6300	0.5	0.7	1.6	2.2	3.2	1.8	89.9
Sex:								
Male	3000	0.5	0.5	1.6	3.1	3.8	1.6	88.7
Female	3200	0.5	0.9	1.4	1.4	3.0	1.7	91.1
College Plans:								
None or under 4 yrs	2400	0.7	1.0	2.3	2.4	3.3	2.1	88.2
Complete 4 yrs	3600	0.4	0.6	1.0	1.8	3.4	1.4	91.5
Region:								
Northeast	1400	0.3	1.0	1.3	2.3	4.4	2.3	88.3
North Central	2000	0.8	0.6	1.9	2.7	2.9	1.5	89.7
South	1900	0.0	0.4	1.3	1.6	2.4	1.5	92.9
West	1000	0.7	2.2	1.8	2.7	4.3	1.4	86.8
Population Density:								
Large SMSA	1500	0.2	1.2	1.7	2.1	4.1	2.1	88.6
Other SMSA	2600	0.6	0.6	1.6	2.4	3.7	1.6	89.3
Non-SMSA	2200	0.4	0.8	1.4	2.0	2.3	1.6	91.6

NOTE: See Appendix D for definition of variables in table.

TABLE 7-9

Other Opiates: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	2.1	2.6	2.9	3.2	2.3	2.7	2.8	+0.1
Sex:								
Male	2.1	3.0	3.2	3.8	2.6	2.7	2.6	-0.1
Female	1.8	2.1	2.6	2.7	1.9	2.8	2.8	0.0
College Plans:								
None or under 4 yrs	NA	2.8	3.4	3.9	2.7	4.3	4.0	-0.3
Complete 4 yrs	NA	2.1	2.7	2.8	2.1	1.5	2.0	+0.5
Region:								
Northeast	2.1	2.6	4.0	2.7	2.1	1.6	2.6	+1.0
North Central	2.0	2.6	3.4	3.4	1.8	3.9	3.3	-0.6
South	2.1	2.7	2.3	2.6	2.5	1.8	1.7	-0.1
West	1.8	2.1	2.9	5.8	2.6	3.6	4.7	+1.1
Population Density:								
Large SMSA	1.7	3.3	3.0	3.3	2.7	2.0	3.1	+1.1
Other SMSA	2.6	2.4	3.2	3.4	2.5	3.7	2.8	-0.9
Non-SMSA	1.5	2.1	2.7	2.8	1.6	2.2	2.6	+0.4

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 7-10

Other Opiates: Trends in Degree and Duration of Feeling High

Q. When you take narcotics other than heroin how high do you usually get?[a]		Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
PERCENT OF RECENT USERS:								
I don't take them to get high		4.1	7.6	7.8	10.4	10.0	8.6	14.5
Not at all high		3.6	6.1	2.8	5.9	8.1	10.5	11.6
A little high		8.8	18.3	25.9	17.5	24.3	21.6	30.0
Moderately high		45.0	40.4	37.5	41.4	40.1	41.2	29.4
Very high		38.5	27.5	26.0	24.8	17.5	18.2	14.5
	N =	(78)	(143)	(144)	(179)	(156)	(165)	(182)
PERCENT OF ALL RESPONDENTS:								
No use in last 12 months		94.3	94.3	93.6	94.0	94.9	94.5	94.4
I don't take them to get high		0.2	0.4	0.5	0.6	0.5	0.5	0.8
Not at all high		0.2	0.3	0.2	0.4	0.4	0.6	0.6
A little high		0.5	1.0	1.7	1.1	1.2	1.2	1.7
Moderately high		2.6	2.3	2.4	2.5	2.1	2.3	1.6
Very high		2.2	1.6	1.7	1.5	0.9	1.0	0.8
	N =	(1368)	(2509)	(2250)	(2983)	(3045)	(2983)	(3277)
Q. When you take narcotics other than heroin how long do you usually stay high?[a]								
PERCENT OF RECENT USERS:								
Usually don't get high		6.8	15.4	7.4	24.6	17.8	15.7	24.2
One to two hours		8.8	16.7	32.5	19.3	24.6	29.5	30.4
Three to six hours		56.5	44.1	46.2	50.2	44.3	42.1	33.2
Seven to 24 hours		24.5	20.5	11.1	15.9	12.1	12.4	9.8
More than 24 hours		3.4	3.2	2.8	0.0	1.2	0.2	2.3
	N =	(78)	(143)	(144)	(173)	(151)	(164)	(180)
PERCENT OF ALL RESPONDENTS:								
No use in last 12 months		94.3	94.3	93.6	94.0	95.0	94.5	94.5
Usually don't get high		0.4	0.9	0.5	0.9	0.9	0.9	1.3
One to two hours		0.5	1.0	2.1	1.2	1.2	1.6	1.7
Three to six hours		3.2	2.5	3.0	3.0	2.2	2.3	1.8
Seven to 24 hours		1.4	1.2	0.7	1.0	0.6	0.7	0.5
More than 24 hours		0.2	0.2	0.2	0.0	0.1	0.0	0.1
	N =	(1368)	(2509)	(2250)	(2883)	(3040)	(2982)	(3275)

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[a] These questions appear in just one form. They are asked only of respondents who report use of the drug in the prior twelve months (i.e., "recent users").

FIGURE 7-1

Other Opiates: Trends in Lifetime Prevalence for Earlier Grade Levels Based on Retrospective Reports from Seniors

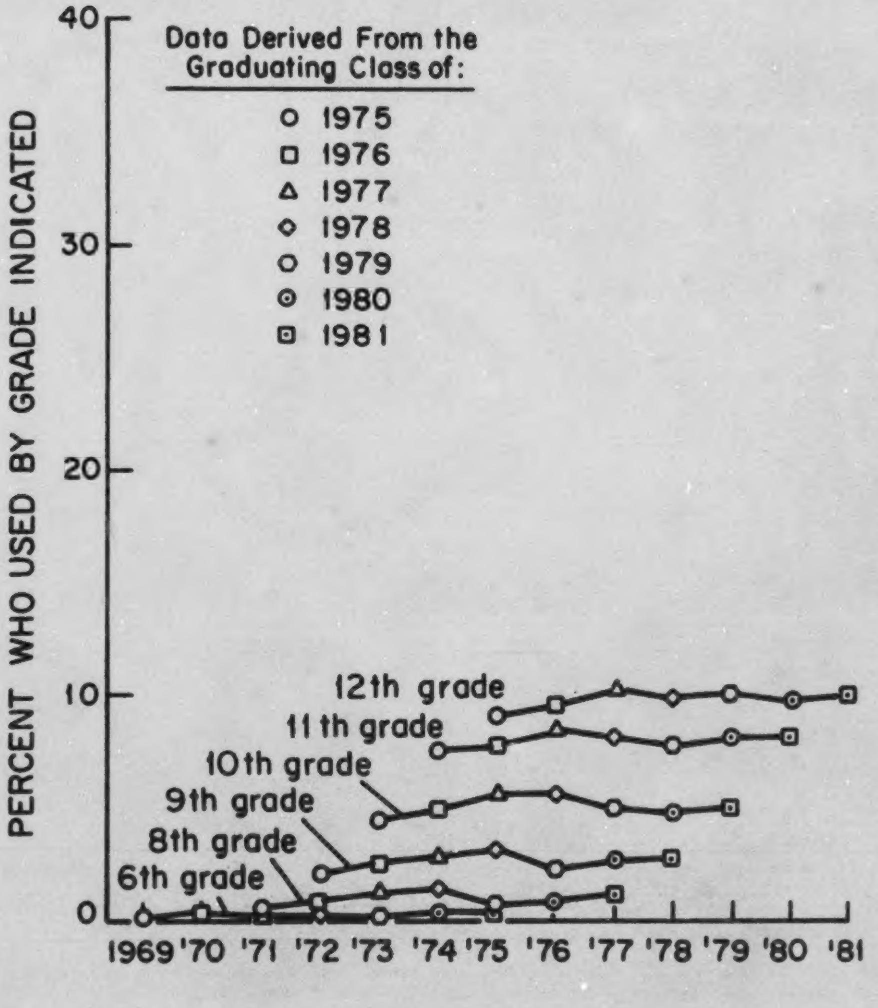
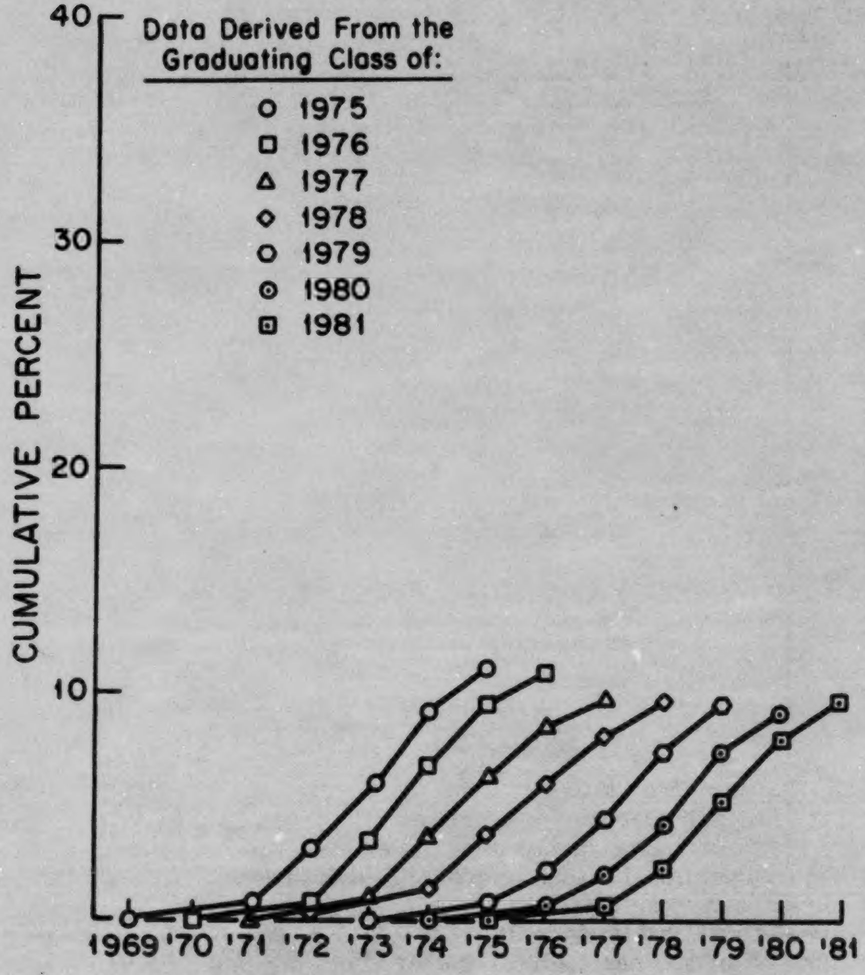


FIGURE 7-2

Other Opiates: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

Chapter 8

STIMULANTS

The set of questions in this study concerning stimulants asks specifically about the drug class "amphetamines." Although there are some non-amphetamine stimulants, amphetamines account for the majority of the controlled psychotherapeutic stimulants. Therefore, for purposes of maintaining comparability with the national household survey, it was decided to entitle this chapter "stimulants" even though "amphetamines" would have been more literally correct.

Stimulants account for more of the illicit drug use among young people in high school and young adulthood than any other class of drugs except marijuana . Some of that illicit use—defined in this study as use of the drug without the instructions of a doctor—could be defined as instrumental rather than recreational. For example, some young people use amphetamines to stay awake for studying, to help them lose weight, to increase their energy for sports, and so on. Others use stimulants to counteract the effects of other drugs, such as barbiturates, which may have left them sleepy or lethargic when they wanted to be awake and alert. Still others, of course, use them recreationally to attain euphoric states. Whatever the purposes, stimulant use without medical supervision has been rather widespread for some time.

A Caution about the Stimulant Results

In reporting their psychotherapeutic drug use, respondents are instructed to exclude not only medically supervised use, but also any use of over-the-counter (i.e., non-prescription) drugs. However, we believe that some of those reporting stimulant (amphetamine) use in the last few years have erroneously included the use of over-the-counter stay-awake and diet pills, as well as other pills intentionally manufactured to look like amphetamines, and sold under names which sound like them, but which contain no controlled substances. (Legislative and enforcement efforts are now underway in a number of states to stop the manufacture and mail-order distribution of these latter "look-alike, sound-alike" pseudo-amphetamines.) The advertising and sales of over-the-counter diet pills (most of which contain the mild stimulant phenylpropanolamine, and some of which also contain caffeine) have burgeoned over the last two years, as has also been true for the "sound-alike, look-alike" pills (most of which contain caffeine). The inclusion of these non-controlled stimulants in the responses from recent surveys may account for some or all of the observed sharp rise in reported amphetamine use. Therefore, the reader is advised to view the recent amphetamine use statistics with some caution.*

It is worth noting that the two classes of drug use which are not actually amphetamine use, but which may be inadvertently reported as amphetamine use, reflect two quite different types of behavior. Presumably users of over-the-counter diet and stay-awake pills are using them for functional reasons and not for recreational purposes. On the other hand, it seems likely that most users of the look-alike pseudo-amphetamines are using them for recreational purposes. (In fact, in many cases the user who purchased them on the street may think he or she has the real thing.) Thus, the inclusion of the look-alikes may introduce a bias in the estimates of true amphetamine use, but not in the estimates of a class of behavior—namely, trying to use controlled stimulants for recreational purposes. Some would argue that the latter is the more important factor to be monitoring in any case.

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*A revised and expanded set of questions is being used in the forthcoming 1982 survey of seniors in an effort to separate out, insofar as possible, the use of these other drugs from the use of true amphetamines.

Use Under Medical Supervision

Data from the 1981 questionnaire form containing the more detailed drug questions indicate that 8.2% of the seniors were introduced to amphetamine use at some time during their lives by a physician. Another 3.6% reported that, while they had used amphetamines under a doctor's orders, they had first used such drugs on their own. Thus, a total of 11.8% of the seniors, or nearly one in eight, recalled having taken amphetamines under medical supervision. This rate has dropped slowly but steadily since 1976, when it stood at 15.1%—reflecting some decrease in the prescribing of this class of drugs. The findings presented below, however, deal exclusively with the use of stimulants without medical supervision.

Prevalence of Use in 1981

Total Sample	Table(s)
• Nearly one in three high school seniors (32%) reports using amphetamines at some time without medical supervision—the highest rate for any of the illicitly used drugs except marijuana. (See caution above.) About one-fourth of the "users" have used only once or twice, however.	1,2,6
• About one in four (26%) have used this class of drugs during the past year, and one in six (16%) during the month preceding the survey.	3,4
• Use on 20 or more occasions during the past year is reported by some 5.8% of the sample.	6
• Daily use (i.e., use on 20 or more occasions in the last 30 days) is reported by 1.2% of the 1981 respondents—again the highest rate for any of the illicitly used drugs except marijuana.	6

Subgroup Differences	
• Sex Differences. Males and females report quite similar prevalence rates for the three prevalence intervals, although females tend to be a bit higher. To illustrate, the annual prevalence for male seniors is 25%, while for females it is 27%. However, there is a greater proportional difference at heavier usage levels, with female users tending to use more frequently. (Thus, 4.8% of all males used 20-plus times during the year in contrast to 6.8% of all females.)	2,3,4,5
• College Plans. There is a substantial difference between the college-bound and the noncollege-bound in amphetamine usage rates. Annual prevalence is about 22% for the former group in contrast to 31% for the latter. Frequent stimulant	2,3,4,5

Table(s)

use is also more concentrated among the noncollege-bound; 7.6% of them report use on 20 or more occasions during the year contrasted with 4.5% of the college-bound.

- Region of the Country. There are fair-sized regional differences in the prevalence of amphetamine use (for all three prevalence intervals). In particular, the South shows a below-average rate (for example, 20% annual prevalence in 1981, versus 27% in the West, 29% in the Northeast and 30% in the North Central region). 2,3,4,5

- Population Density. There is rather little difference in stimulant use in 1981 among the three levels of population density being examined, although the largest cities do have slightly higher prevalence levels than smaller localities. 2,3,4,5

Recent Trends in Prevalence

Total Sample

- Between 1975 and 1978 the reported prevalence of amphetamine use had been extremely stable overall. However, beginning in 1979 the prevalence statistics began a rise which has since accelerated. This year alone, lifetime and annual prevalence both rose by over 5 percentage points. 2,3,4

- The prevalence of use at higher frequency levels had also remained very stable until 1978. For example, the rate of daily or near daily use has been observed at 0.5%, 0.4%, 0.5% and 0.5% in 1975 through 1978, respectively. Since then, this statistic has risen to 0.6% in 1979, 0.7% in 1980, and 1.2% in 1981. 6

- As we stated at the beginning of this chapter, much of this dramatic rise may be due to an increase in the use of over-the-counter and look-alike stimulants—stimulants which are not supposed to be encompassed by our questions, but which nevertheless may be.

- Male and female reported use have moved in a very parallel way, as has the reported use by college-bound and noncollege-bound students. 2,3,4

- All regions have shown a substantial increase in reported stimulant use over the last several years. In the Northeast, where the increase (since 1975) has been most pronounced, it also began earlier. Annual prevalence in that region has increased by 14% since 1976 (from 15% to 29%), compared with 12% in the North Central, 9% in the West, and only 6% in the South. 2,3,4

- Communities of all sizes have participated about equally in the large increase in reported stimulant use. 2,3,4

Use at Earlier Grade Levels

	Table(s)
• While 32% of the class of 1981 report some use of stimulants by the end of their senior year, only 2% tried them prior to ninth grade. Initial use was concentrated in grades ten through twelve.	7
• The lifetime prevalence statistics for stimulants peaked briefly for grade levels 9 through 12 during the mid 70's. (See Figure 1.) However, it appears to be rising again in the late 70's and early 80's, at least in the upper grades (for which we have sufficiently recent data). As has been stated repeatedly, some of this recent upturn may be artifactual.	Fig 1
• Subgroup differences in early onset for the most part parallel the differences observable at twelfth grade. That is, there is little in the way of sex differences or urbanicity differences, and the noncollege-bound show higher rates of early prevalence. Interestingly, while the class of 1981 in the Northeast and North Central showed the highest levels of prevalence while they were twelfth graders, they reported only an average level of prevalence at the beginning of 10th grade. This indicates that the dramatic rise in stimulant use in those two regions occurred between 1979 and 1981.	9

Probability of Future Use

• Some 9.6% of 1981 seniors say they "probably" or "definitely" will be using stimulants five years in the future.	6
• The comparable proportion in 1978 was 6.7%.	6

Degree and Duration of Highs

• Questions regarding the degree and duration of the highs usually experienced with amphetamine use were asked (in one form only) of respondents indicating they had used amphetamines in the previous twelve months without medical orders.	
• Most recent users say they only get "moderately high" (31%) or "a little high" (31%) when using amphetamines. A substantial number say that they "don't take them to get high" (20%) or that they usually don't get high at all (12%).	10
• The most commonly reported interval for staying high on amphetamines is 3 to 6 hours, reported by 38% of the recent users. Another 16% say they usually stay high from 7 to 24 hours.	10
• Stimulants have shown a substantial decrease in the proportion usually getting very high or moderately high (from 60% in 1975 to 37% in 1981). Consistent with this, the proportion of users saying they simply "don't take them to get high"	10

Table(s)

increased from 9% in 1975 to 20% by 1981. Also, the average reported duration of stimulant highs has been declining; 41% of the 1975 users said they usually stayed high seven or more hours vs. 17% of the 1981 users.

- These substantial decreases in both the degree and the duration of highs strongly suggest that there has been some shift in the purposes for which "amphetamines" are being used. An examination of data on self-reported reasons for use tends to confirm this conclusion. The proportion of all seniors who reported both using amphetamines in the prior year and checking "to stay awake" as one of their reasons for use, has risen gradually since 1976 and then more sharply last year (up from 8% in 1976 to 11% in 1980 to 14% in 1981). There was also a similar pattern of increase in the proportion of all seniors who used in the past year and checked "to lose weight" as one of their reasons (up from 4% in 1976 to 7% in 1980 to 10% in 1981); as well as a similar pattern for the proportion who checked "to get more energy" (8% in 1976 to 11% in 1980 to 15% in 1981). Thus there has been a distinct increase in the use of "amphetamines" for these non-recreational purposes; and, in fact, these reasons are among the most cited of all sixteen reasons which might have been checked. 10

- However, there appears to have been some increase in recreational use as well, though not as steep a one as the trends in overall use might suggest. "To get high" was reported by the following proportions of all seniors as a reason for using amphetamines in the prior year: 9% in 1976, 9% in 1980, and 11% in 1981. "To have a good time with my friends" was reported by 5% in 1976, 6% in 1980, and 7% in 1981. These data, then, suggest that there has been some increase since 1980 in the recreational use of amphetamines. 10

TABLE 8-1

Stimulants: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	17500	32.2	15.8	10.2	6.2	67.8
Sex:						
Male	8400	30.5	14.7	10.1	5.7	69.5
Female	8600	33.5	16.7	10.2	6.6	66.5
College Plans:						
None or under 4 yrs	6700	38.3	19.4	11.5	7.4	61.7
Complete 4 yrs	9700	27.6	13.0	9.3	5.3	72.4
Region:						
Northeast	4100	34.7	18.4	10.4	5.9	65.3
North Central	5300	36.2	18.9	11.2	6.1	63.8
South	5300	25.2	11.5	8.1	5.6	74.8
West	2800	34.5	14.3	12.3	7.9	65.5
Population Density:						
Large SMSA	4500	34.2	17.7	10.3	6.2	65.8
Other SMSA	7100	31.7	15.0	10.5	6.2	68.3
Non-SMSA	5900	31.3	15.3	9.8	6.2	68.7

NOTE: See Appendix D for definition of variables in table.

TABLE 8-2

Stimulants: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	22.3	22.6	23.0	22.9	24.2	26.4	32.2	+5.8sss
Sex:								
Male	20.4	22.3	22.0	22.3	23.4	24.7	30.5	+5.8sss
Female	23.7	22.7	23.7	23.2	24.6	27.7	33.5	+5.8sss
College Plans:								
None or under 4 yrs	NA	27.0	27.8	26.7	29.0	32.7	38.3	+5.6sss
Complete 4 yrs	NA	17.7	17.5	18.4	19.2	21.1	27.6	+6.5sss
Region:								
Northeast	22.8	21.9	23.8	25.5	27.6	27.4	34.7	+7.3sss
North Central	24.2	23.8	25.6	24.2	24.8	27.9	36.2	+8.3sss
South	18.3	20.2	29.5	19.1	19.4	23.2	25.2	+2.0
West	26.1	26.2	23.5	24.7	27.1	28.1	34.5	+6.4ss
Population Density:								
Large SMSA	26.2	23.2	22.5	23.5	25.0	27.6	34.2	+6.6sss
Other SMSA	22.2	23.3	24.7	23.4	25.1	26.4	31.7	+5.3sss
Non-SMSA	19.9	21.5	21.2	21.6	22.5	25.4	31.3	+5.9sss

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 8-3

Stimulants: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	16.2	15.8	16.3	17.1	18.3	20.8	26.0	+5.2sss
Sex:								
Male	15.6	15.8	16.0	16.9	18.4	19.7	24.8	+5.1sss
Female	16.5	15.4	16.4	17.1	17.8	21.8	26.9	+5.1sss
College Plans:								
None or under 4 yrs	NA	19.3	20.5	20.0	21.8	25.8	30.9	+5.1sss
Complete 4 yrs	NA	11.9	11.5	13.7	14.5	16.5	22.3	+5.8sss
Region:								
Northeast	16.5	14.7	16.8	19.6	22.0	22.0	28.8	+6.8sss
North Central	18.7	17.8	19.0	18.2	18.3	22.2	30.1	+7.9sss
South	12.6	13.7	13.2	14.0	14.0	17.7	19.6	+1.9
West	18.5	17.2	16.0	17.8	20.7	22.1	26.6	+4.5s
Population Density:								
Large SMSA	19.6	15.4	15.3	17.7	19.5	21.9	28.0	+6.1sss
Other SMSA	15.5	16.3	17.1	17.5	18.9	20.8	25.5	+4.7sss
Non-SMSA	14.8	15.4	15.9	16.0	16.6	19.9	25.1	+5.2sss

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 8-4

Stimulants: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	8.5	7.7	8.8	8.7	9.9	12.1	15.8	+3.7sss
Sex:								
Male	8.2	7.8	8.5	8.6	9.5	10.9	14.7	+3.8sss
Female	8.5	7.6	9.0	8.6	9.9	13.0	16.7	+3.7sss
College Plans:								
None or under 4 yrs	NA	9.6	11.4	10.6	12.4	16.0	19.4	+3.4sss
Complete 4 yrs	NA	5.7	5.7	6.5	7.2	8.7	13.0	+4.3sss
Region:								
Northeast	8.8	7.0	9.6	10.7	12.3	12.1	18.4	+6.3sss
North Central	10.9	9.7	10.4	9.6	10.4	14.1	18.9	+4.8sss
South	6.1	6.3	7.0	6.9	7.7	10.3	11.5	+1.2
West	8.2	7.8	7.6	7.8	9.7	11.5	14.3	+2.8s
Population Density:								
Large SMSA	11.0	7.7	8.3	8.9	10.3	12.6	17.7	+5.1sss
Other SMSA	7.8	7.8	8.7	9.0	10.3	11.9	15.0	+3.1sss
Non-SMSA	7.7	7.8	9.2	8.3	9.1	11.9	15.3	+3.4ss

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 8-5

Stimulants: Frequency of Use in the Last Year by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Number of occasions in last 12 months: None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	17500	74.0	7.7	4.8	3.4	4.3	2.8	3.0
Sex:								
Male	8400	75.2	7.3	5.0	3.5	4.1	2.4	2.4
Female	8600	73.1	8.0	4.5	3.1	4.6	3.3	3.5
College Plans:								
None or under 4 yrs	6700	69.1	8.7	5.5	3.9	5.2	3.6	4.0
Complete 4 yrs	9700	77.7	7.0	4.1	2.9	3.7	2.3	2.2
Region:								
Northeast	4100	71.2	7.2	5.7	4.0	5.4	3.3	3.2
North Central	5300	69.9	8.4	5.3	3.6	4.7	3.8	4.4
South	5300	80.4	6.9	3.8	2.6	3.1	1.5	1.7
West	2800	73.4	8.4	4.6	3.7	4.4	3.0	2.5
Population Density:								
Large SMSA	4500	72.0	7.0	5.3	3.7	5.3	3.4	3.5
Other SMSA	7100	74.5	7.5	4.8	3.6	4.2	2.6	2.9
Non-SMSA	5900	74.9	8.5	4.5	3.0	3.8	2.7	2.7

NOTE: See Appendix D for definition of variables in table.

TABLE 8-6

Stimulants: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Lifetime use							
No occasions	77.7	77.4	77.0	77.1	75.8	73.6	67.8
1-2 occasions	6.7	7.1	7.0	7.1	7.8	8.2	8.5
3-5 occasions	3.4	3.8	3.8	4.1	4.3	4.4	5.0
6-9 occasions	2.4	2.8	2.8	2.8	2.8	3.1	3.6
10-19 occasions	3.3	3.2	3.1	3.0	3.4	3.4	4.7
20-39 occasions	2.3	2.0	2.4	2.4	2.4	2.9	3.7
40 or more	4.2	3.8	3.9	3.5	3.5	4.3	6.6
N =	(9694)	(15891)	(17673)	(18161)	(16057)	(15920)	(17616)
Use in last twelve months							
No occasions	83.8	84.2	83.7	82.9	81.7	79.2	74.0
1-2 occasions	5.5	5.7	5.7	6.5	6.5	7.0	7.7
3-5 occasions	2.8	2.9	3.2	3.4	3.4	3.8	4.8
6-9 occasions	2.4	2.3	2.3	2.3	2.9	2.9	3.4
10-19 occasions	2.4	2.2	2.5	2.2	2.6	3.3	4.3
20-39 occasions	1.6	1.3	1.5	1.3	1.4	2.0	2.8
40 or more	1.5	1.4	1.2	1.3	1.5	1.8	3.0
N =	(9671)	(15853)	(17632)	(18122)	(16027)	(15879)	(17589)
Use in last thirty days							
No occasions	91.5	92.3	91.2	91.3	90.1	87.9	84.2
1-2 occasions	4.1	3.9	4.3	4.3	4.7	5.1	6.6
3-5 occasions	1.7	1.6	1.9	1.9	2.1	2.8	3.6
6-9 occasions	1.1	1.0	1.3	1.2	1.5	1.9	2.3
10-19 occasions	1.1	0.7	0.8	0.8	1.1	1.5	2.1
20-39 occasions	0.3	0.3	0.3	0.3	0.4	0.5	0.9
40 or more	0.2	0.1	0.2	0.2	0.2	0.2	0.3
N =	(9660)	(15856)	(17624)	(18107)	(16017)	(15876)	(17583)
Probability of future use							
Definitely will not	74.4	72.3	71.2	71.7	72.5	70.8	66.7
Probably will not	19.2	21.5	22.2	21.6	20.5	21.2	23.7
Probably will	5.4	5.4	5.5	5.9	6.1	7.0	8.5
Definitely will	1.1	0.8	1.1	0.8	0.9	1.0	1.1
N =	(2975)	(3050)	(3469)	(3483)	(3142)	(3105)	(3429)

TABLE 8-7

Stimulants: Trends in Grade in Which First Used

	Percent reporting first use in each grade						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Sixth grade (or below)	0.1	0.3	0.1	0.1	0.3	0.3	0.4
Seventh or Eighth grade	1.0	1.5	2.0	1.9	1.8	1.5	1.7
Ninth grade	4.3	4.4	5.1	5.2	4.1	4.3	4.3
Tenth grade	5.8	7.1	7.3	6.1	5.7	6.6	8.6
Eleventh grade	7.4	6.2	5.5	6.0	7.4	7.3	9.9
Twelfth grade	3.7	3.2	3.0	3.4	4.9	6.3	7.2
Never used	77.7	77.4	77.0	77.1	75.8	73.6	67.8
N^a =	(2936)	(3871)	(5836)	(5865)	(5268)	(5135)	(5684)

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[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 8-8

Stimulants: Grade in Which First Used by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Grade in school						
		6 or below	7/8	9	10	11	12	Never used
All seniors	6300	0.4	1.7	4.3	8.6	9.9	7.2	67.8
Sex:								
Male	3000	0.5	1.6	4.4	8.6	9.3	6.0	69.5
Female	3200	0.3	1.8	3.9	8.5	10.6	8.4	66.5
College Plans:								
None or under 4 yrs	2400	0.6	3.0	6.0	10.1	12.4	6.1	61.7
Complete 4 yrs	3600	0.3	1.0	3.0	7.1	8.5	7.8	72.4
Region:								
Northeast	1400	0.5	1.1	5.1	9.0	10.6	8.4	65.3
North Central	2000	0.3	2.4	4.2	9.0	12.5	7.8	63.8
South	1900	0.2	1.3	3.6	6.4	7.7	6.0	74.8
West	1000	0.6	2.2	4.9	11.4	9.0	6.4	65.5
Population Density:								
Large SMSA	1500	0.5	1.7	4.5	10.4	9.0	8.0	65.8
Other SMSA	2600	0.1	1.9	4.8	7.7	9.6	7.7	68.3
Non-SMSA	2200	0.5	1.5	3.6	8.4	11.4	5.9	68.7

NOTE: See Appendix D for definition of variables in table.

TABLE 8-9

Stimulants: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	5.4	6.2	7.2	7.2	6.2	6.1	6.4	+0.3
Sex:								
Male	4.9	5.4	6.6	6.7	5.4	6.3	6.5	+0.2
Female	5.5	6.7	7.7	7.6	7.0	5.9	6.0	+0.1
College Plans:								
None or under 4 yrs	NA	7.2	8.5	9.1	8.6	9.2	9.6	+0.4
Complete 4 yrs	NA	4.5	5.1	5.2	4.5	3.9	4.3	+0.4
Region:								
Northeast	4.4	6.1	8.0	7.5	6.3	5.6	6.7	+1.1
North Central	5.5	6.2	6.9	7.4	6.7	7.8	6.9	-0.9
South	4.1	4.8	7.0	5.4	5.3	4.4	5.1	+0.7
West	9.1	9.7	8.0	10.4	7.7	6.7	7.7	+1.0
Population Density:								
Large SMSA	6.7	7.1	7.8	6.0	4.0	6.2	6.7	+0.5
Other SMSA	6.4	7.9	8.0	8.6	7.9	6.4	6.8	+0.4
Non-SMSA	3.2	3.5	5.6	6.3	6.1	5.9	5.6	-0.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 8-10

Amphetamines: Trends in Degree and Duration of Feeling High

Q. When you take amphetamines how high do you usually get?[a]	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
PERCENT OF RECENT USERS:							
I don't take them to get high	9.3	10.7	15.1	14.7	16.8	17.1	20.2
Not at all high	4.6	5.0	7.5	6.2	7.7	8.9	11.5
A little high	26.4	26.1	24.0	25.9	26.5	34.0	31.4
Moderately high	44.6	43.8	39.2	40.2	36.4	30.8	30.6
Very high	15.1	14.4	14.1	13.0	12.6	9.3	6.3
N =	(410)	(447)	(523)	(542)	(507)	(575)	(788)
PERCENT OF ALL RESPONDENTS:							
No use in last 12 months	83.8	84.2	83.7	82.9	83.6	81.2	76.5
I don't take them to get high	1.5	1.7	2.5	2.5	2.8	3.2	4.8
Not at all high	0.7	0.8	1.2	1.1	1.3	1.7	2.7
A little high	4.3	4.1	3.9	4.4	4.3	6.4	7.4
Moderately high	7.2	6.9	6.4	6.9	6.0	5.8	7.2
Very high	2.4	2.3	2.3	2.2	2.1	1.7	1.5
N =	(2531)	(2829)	(3209)	(3170)	(3098)	(3055)	(3354)
Q. When you take amphetamines how long do you usually stay high?[a]							
PERCENT OF RECENT USERS:							
Usually don't get high	10.7	11.2	11.9	14.5	15.4	17.9	24.4
One to two hours	11.4	12.1	15.3	17.0	18.7	19.9	20.3
Three to six hours	37.0	48.4	38.4	39.5	40.1	43.4	38.2
Seven to 24 hours	37.0	26.1	31.6	27.1	23.8	17.7	16.3
More than 24 hours	3.8	2.1	2.9	1.9	2.0	1.1	0.8
N =	(412)	(455)	(519)	(546)	(521)	(583)	(810)
PERCENT OF ALL RESPONDENTS:							
No use in last 12 months	83.8	84.2	83.7	82.9	83.3	81.0	76.0
Usually don't get high	1.7	1.8	1.9	2.5	2.6	3.4	5.8
One to two hours	1.8	1.9	2.5	2.9	3.1	3.8	4.9
Three to six hours	6.0	7.6	6.3	6.7	6.7	8.3	9.2
Seven to 24 hours	6.0	4.1	5.1	4.6	4.0	3.4	3.9
More than 24 hours	0.6	0.3	0.5	0.3	0.3	0.2	0.2
N =	(2543)	(2880)	(3184)	(3193)	(3111)	(3063)	(3375)

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[a] These questions appear in just one form. They are asked only of respondents who report use of the drug in the prior twelve months (i.e., "recent users").

FIGURE 8-1

Stimulants: Trends in Lifetime Prevalence for Earlier Grade Levels Based on Retrospective Reports from Seniors

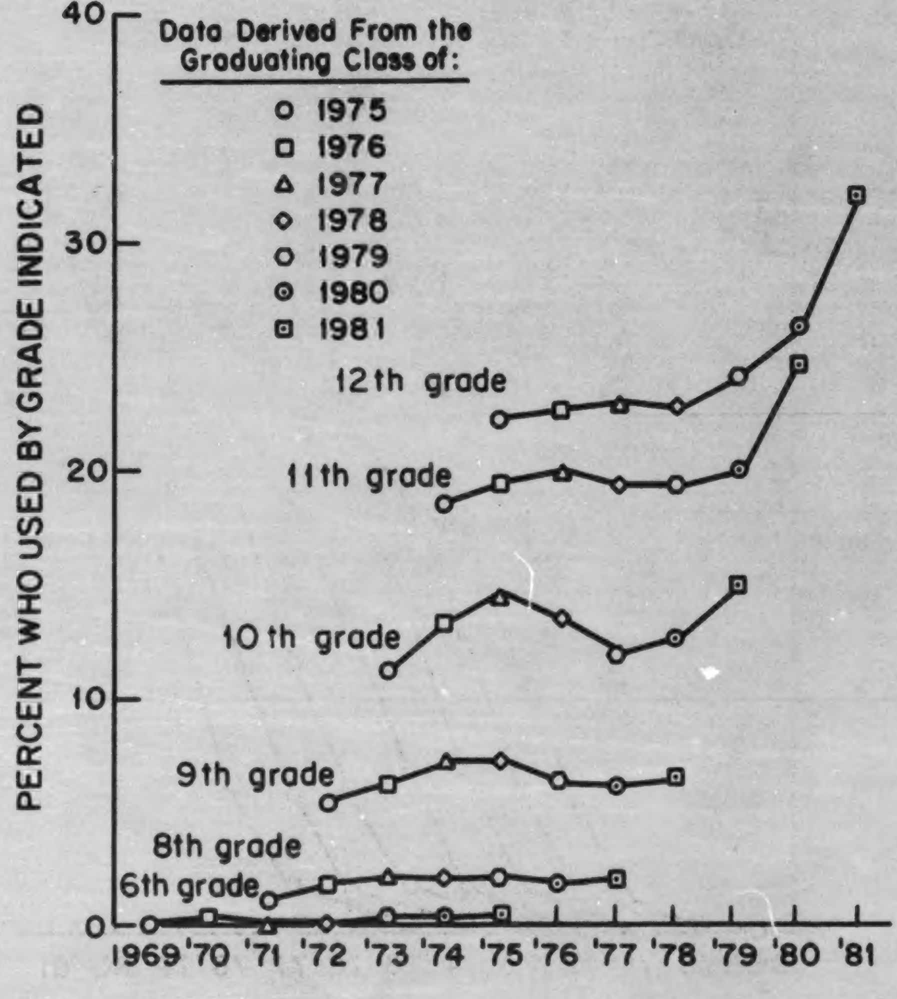
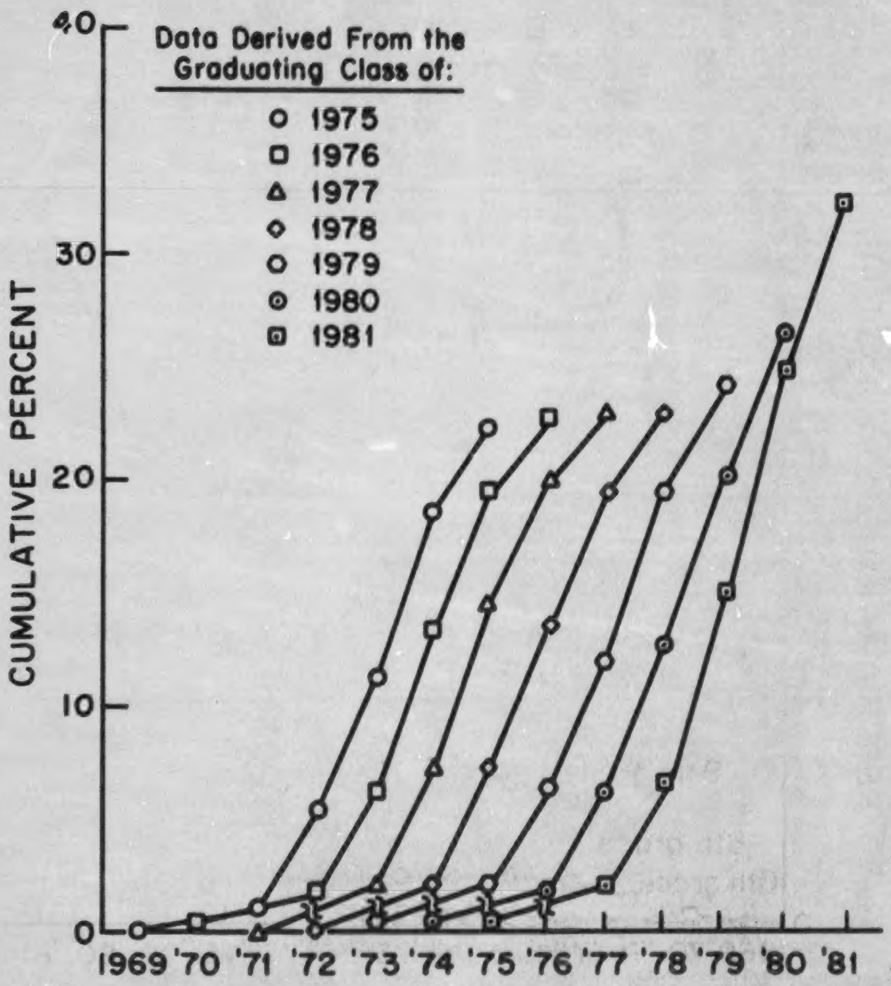


FIGURE 8-2

Stimulants: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

Chapter 9

SEDATIVES

The two questionnaire items relevant to this chapter ask separately about "barbiturates," treated as a class, and "methaqualone" (a sedative-hypnotic, also referred to as "Quaaludes" in this chapter). In the past we have collapsed them into a single category entitled "sedatives" to attain comparability with the categories used in the national household survey on drug use. (While there exist some nonbarbiturate sedatives other than methaqualone, the great majority of sedative use is captured in the currently defined category.) However, during the life of the study trends in these two sub-classes of drugs have begun to diverge, and we now consider it important to provide additional information on each class separately. Therefore, there are three versions for most of the tables presented at the end of this chapter: one for sedatives taken as a class, another for barbiturates only, and third for methaqualone only.

As with the other psychotherapeutic drugs covered in the present study, only use which was not under a doctor's orders is included in the reporting. In some cases such use may amount to self-medication, but it is very difficult to distinguish true self-medication from rationalization. Therefore, it was decided not to try to distinguish different types of medically unsupervised use.

In one form of the questionnaire, respondents were asked whether they had ever used barbiturates under a doctor's orders. (There is no comparable question for methaqualone.) In 1976, 13.3% answered "yes," which broke down to 10.3% whose first use was under a doctor's orders and another 3.0% who had previously used barbiturates on their own before having them prescribed by a doctor. Since 1976 these proportions have fallen steadily, with only 7.5% in 1981 saying they had ever used under a doctor's orders (5.8% for whom it was their first time to use and 1.6% who had used previously on their own). It is clear from these data that the medically prescribed use of barbiturates has fallen sharply in recent years.

Prevalence of Use in 1981

Total Sample	Table(s)
• Roughly one in every six seniors (16.0%) reports trying sedatives by the end of senior year without medical supervision (with about 11% reporting use of each of the two subclasses, i.e., barbiturates and methaqualone). More than a third of those have used only once or twice.	1,2,2a, 2b,6
• One in ten (10.5%) has used sedatives in the last year, and 4.6% used in the last month without medical instructions. (Again lesser, but roughly equal, proportions use the two subclasses in each prevalence interval.)	3,3a,3b 4,4a,4b
• Of those using sedatives in the preceding month, about half used only once or twice. At the other extreme, the proportion of the sample reporting use on a daily or near daily basis is 0.2% (or about 35 respondents).	6

Subgroup Differences

Table(s)

- Sex Differences. Male seniors in high school report slightly more sedative use without medical supervision than do female seniors. To illustrate, the annual prevalence for males was 12% in 1981 vs. 9% for females. Males also report a higher level of frequent use. (These same findings pertain to the two subclasses of drugs, as well.)

  2,2a,2b, 3,3a,3b, 4,4a,4b, 5,5a,5b

- College Plans. Those not planning four years of college use sedatives illicitly considerably more often than do those with such plans. Annual prevalence is about 13% and 8%, respectively. (The findings are similar for barbiturates and methaqualone taken separately.)

  2,2a,2b, 3,3a,3b, 4,4a,4b, 5,5a,5b

- Region of the Country. The West has consistently shown a lower-than-average prevalence rate for of sedative use although the regional differences are not very great in 1981.

  2,2a,2b, 3,3a,3b, 4,4a,4b, 5,5a,5b

- Population Density. For sedative use overall, comparisons of three levels of urbanicity indicate relatively small and inconsistent differences in prevalence across the different senior classes. However, for the subclass methaqualone, there has been a modest but consistent tendency toward higher use in the more urban areas.

Recent Trends in Prevalence

Total Sample

- For sedatives as a whole, the sustained, gradual decline between 1975 and 1979 appears to have halted, and perhaps even reversed. Lifetime prevalence dropped steadily from 18.2% in 1975 to 14.6% in 1979, and then began to increase slowly to 16% in 1981. (Annual and monthly prevalence rates showed no appreciable change during the past year.) The overall trend lines for sedatives, however, mask the differential trends occurring for each of its two components.

  2,2a,2b, 3,3a,3b, 4,4a,4b, Fig 1, 1a,1b

- Barbiturate use has dropped sharply since 1975, and it continues to drop this year, though more gradually. Methaqualone use, on the other hand, has risen sharply since 1976, and it continues to rise this year—also more gradually.

Subgroup Differences in Trends

- For the most part, the various subgroups have shown changes over time in their use of sedatives, barbiturates, and Quaaludes, which parallel the overall trends. One exception is worth noting.

  2,2a,2b, 3,3a,3b, 4,4a,4b

- Sedative use rose somewhat between 1978 and 1980 among the noncollege segment, while falling slightly among the college-bound. Looking at the two ingredient subclasses of sedatives, barbiturates and methaqualone, we find that the

Table(s)

groups show somewhat differential trends on both drugs. Barbiturate use for both groups dropped some over that period, but only slightly for the noncollege (annual prevalence down 0.1% to a level of 9.0% in 1980) compared to the college-bound (down 2.0% to a level of 4.8%). Over the same interval methaqualone use increased in both groups, but less among the college-bound (up 1.2% to a level of 5.5%) than among the noncollege-bound (up 3.8% to a level of 8.9%). The net result was a considerable divergence in sedative use. This year, however, there was little change and no further divergence.

Use at Earlier Grade Levels

- Although 16% of seniors used sedatives without medical supervision by the end of senior year, only about 1% used prior to ninth grade. Most eventual users started in ninth, tenth, or eleventh grade. 7

- Differences in the age of onset for each of the last seven graduating classes may be observed in Figure 2. Each class shows a steep S shaped curve, as was true for amphetamines; however, in contrast to amphetamines, the curves for sedatives had been getting succeedingly less steep up until the class of 1980.

- Figure 1 presents the same data as Figure 2, but uses lines to connect the same grade levels (across cohorts) rather than the same cohort (across grade levels). It helps to show that the cohort lines in Figure 2 may be reflecting a shifting secular trend or period effect (i.e., one common to all ages). Prior to about 1975, the prevalence rates in most grade levels were rising. However, after 1975 prevalence rates in all grade levels on which we have data declined for a while indicating that sedative use probably peaked at all grade levels around 1975. The class of 1981 accounts for the reversal of the downward trends at nearly every grade level, perhaps reflecting a new cohort effect. Fig 1,1a, 1b, Fig 2

- The barbiturate use trends for earlier grade levels closely parallel those for the general classes of sedatives. This is not true for Quaaludes, however. Quaaludes showed relatively little decline after 1975, and since 1978 have shown some substantial increase at all grade levels for which we have the relevant data.

- The subgroup differences in early sedative use parallel quite closely the subgroup differences which exist by the end of twelfth grade. (For example, the college-bound, who report substantially lower prevalence in twelfth grade, also report substantially less sedative use in the earlier grades than the noncollege-bound.) The same is true for the two subclasses of sedatives taken individually. 2,2a,2b, 9,9a,9b

Probability of Future Use — Table(s)

- Only 3.3% of seniors in 1978 say they "probably" or "definitely" will be using barbiturates five years in the future, while 78% said they "definitely will not." These statistics have changed rather little since 1975, despite the drop in actual use. 6a

- No comparable question was asked about methaqualone use.

Degree and Duration of Highs

- People who without medical orders used either of the two classes of sedatives, barbiturates or methaqualone, were asked separately about the intensity and duration of the highs they experienced with each type of drug.

- While over half (57%) of the students who used any barbiturates during the year prior to the survey said they usually got "moderately high" or "very high," fully 30% said they only got "slightly high" or "not at all high." The modal answer is "moderately high," given by 38%. 10a

- The modal duration of barbiturate highs is 3 to 6 hours, reported by 46% of users in 1981. 10a

- There has been no very consistent trend across years in the intensity or duration of the highs reported by barbiturate users. 10a

- Use of methaqualone (Quaaludes) involves, on the average, more intense and somewhat longer highs. About 40% of the Quaalude users say they usually get "very high," (vs. 19% for barbiturates) while another 39% get "moderately high." 10a,b

- Some 20% of the Quaalude users (vs. 15% of the barbiturate users) say they stay high 7 hours or more, while another 55% say they stay high 3 to 6 hours. 10a,b

- While there does not appear to be any directional trend across years in the intensity of highs experienced by Quaalude users, there is evidence of a drop in the duration of highs in just the past two years. 10b

TABLE 9-1

Sedatives: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	17500	16.0	4.6	5.9	5.5	84.0
Sex:						
Male	8400	17.5	5.2	6.4	5.9	82.5
Female	8600	13.9	3.9	5.3	4.7	86.1
College Plans:						
None or under 4 yrs	6700	19.8	5.8	7.3	6.7	80.2
Complete 4 yrs	9700	12.7	3.4	4.9	4.4	87.3
Region:						
Northeast	4100	17.2	4.9	6.5	5.8	82.8
North Central	5300	15.9	4.6	6.3	5.0	84.1
South	5300	15.2	5.0	4.9	5.3	84.8
West	2800	15.6	3.2	6.4	6.0	84.4
Population Density:						
Large SMSA	4500	17.6	5.0	6.6	6.0	82.4
Other SMSA	7100	15.8	4.6	6.2	5.0	84.2
Non-SMSA	5900	14.9	4.2	5.1	5.6	85.1

NOTE: See Appendix D for definition of variables in table.

TABLE 9-1a

Barbiturates: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	17500	11.3	2.6	4.0	4.7	88.7
Sex:						
Male	8400	12.4	2.9	4.3	5.2	87.6
Female	8600	9.9	2.4	3.4	4.1	90.1
College Plans:						
None or under 4 yrs	6700	14.1	3.2	4.9	6.0	85.9
Complete 4 yrs	9700	8.8	2.0	3.1	3.7	91.2
Region:						
Northeast	4100	12.1	2.7	4.1	5.3	87.9
North Central	5300	12.1	2.8	4.7	4.6	87.9
South	5300	10.0	2.7	2.8	4.5	90.0
West	2800	11.0	2.2	4.3	4.5	89.0
Population Density:						
Large SMSA	4500	11.8	2.5	4.4	4.9	88.2
Other SMSA	7100	10.8	2.5	3.9	4.4	89.2
Non-SMSA	5900	11.4	2.9	3.7	4.8	88.6

NOTE: See Appendix D for definition of variables in table.

TABLE 9-1b

Quaaludes: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	17500	10.6	3.1	4.5	3.0	89.4
Sex:						
Male	8400	12.3	3.7	5.1	3.5	87.7
Female	8600	8.5	2.4	3.8	2.3	91.5
College Plans:						
None or under 4 yrs	6700	13.4	4.2	5.6	3.6	86.6
Complete 4 yrs	9700	8.1	2.1	3.6	2.4	91.9
Region:						
Northeast	4100	12.1	3.4	5.2	3.5	87.9
North Central	5300	10.1	3.2	4.3	2.6	89.9
South	5300	10.6	3.5	4.2	2.9	89.4
West	2800	9.3	1.6	4.4	3.3	90.7
Population Density:						
Large SMSA	4500	12.8	3.7	5.3	3.8	87.2
Other SMSA	7100	10.7	3.1	4.8	2.8	89.3
Non-SMSA	5900	8.7	2.6	3.5	2.6	91.3

NOTE: See Appendix D for definition of variables in table.

TABLE 9-2

Sedatives: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	18.2	17.7	17.4	16.0	14.6	14.9	16.0	+1.1
Sex:								
Male	18.1	18.0	18.3	16.9	15.0	16.4	17.5	+1.1
Female	18.2	17.1	16.3	14.8	13.9	13.1	13.9	+0.8
College Plans:								
None or under 4 yrs	NA	20.5	20.7	18.1	17.5	18.8	19.8	+1.0
Complete 4 yrs	NA	14.2	13.5	13.1	11.1	11.4	12.7	+1.3
Region:								
Northeast	18.4	18.8	17.4	18.1	17.7	15.3	17.2	+1.9
North Central	19.1	17.6	18.6	15.2	13.3	14.2	15.9	+1.7
South	17.2	18.3	17.8	15.7	14.1	16.2	15.2	-1.0
West	17.8	15.0	13.8	14.7	13.5	13.4	15.6	+2.2
Population Density:								
Large SMSA	19.8	18.6	16.8	16.7	16.2	16.2	17.6	+1.4
Other SMSA	18.4	17.9	18.5	16.6	14.8	14.6	15.8	+1.2
Non-SMSA	16.8	16.7	16.5	14.6	13.2	14.4	14.9	+0.5

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 9-2a

Barbiturates: Trends in Lifetime Prevalence of Use by Subgroups

		Percent ever used							
	Number of Cases (Class of 1981)	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	17500	16.9	16.2	15.6	13.7	11.8	11.0	11.3	+0.3
Sex:									
Male	8400	17.3	16.3	16.2	14.3	11.7	11.8	12.4	+0.6
Female	8600	17.0	16.0	14.9	13.0	11.5	10.1	9.9	-0.2
College Plans:									
None or under 4 yrs	6700	NA	19.1	18.9	16.0	14.5	14.4	14.1	-0.3
Complete 4 yrs	9700	NA	12.7	11.9	11.0	8.6	8.0	8.8	+0.8
Region:									
Northeast	4100	17.6	17.4	15.8	15.5	14.6	11.7	12.1	+0.4
North Central	5300	18.2	16.3	17.3	13.5	11.3	11.2	12.1	+0.9
South	5300	15.8	16.4	15.1	13.1	10.9	11.3	10.0	-1.3
West	2800	17.0	14.0	12.7	12.6	10.1	9.3	11.0	+1.7
Population Density:									
Large SMSA	4500	18.4	17.0	14.7	14.0	12.4	11.5	11.8	+0.3
Other SMSA	7100	17.1	16.7	16.4	14.0	11.8	10.7	10.8	+0.1
Non-SMSA	5900	15.7	15.2	15.2	13.2	11.1	11.1	11.4	+0.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 9-2b

Quaaludes: Trends in Lifetime Prevalence of Use by Subgroups

	Number of Cases (Class of 1981)	Percent ever used							
		Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	17500	8.1	7.8	8.5	7.9	8.3	9.5	10.6	+1.1
Sex:									
Male	8400	9.5	8.6	10.0	9.1	9.3	11.4	12.3	+0.9
Female	8600	7.3	6.7	6.9	6.6	7.0	7.5	8.5	+1.0
College Plans:									
None or under 4 yrs	6700	NA	8.8	10.1	8.8	9.7	11.7	13.4	+1.7
Complete 4 yrs	9700	NA	6.3	6.3	6.4	6.2	7.3	8.1	+0.8
Region:									
Northeast	4100	8.8	8.6	8.6	9.2	10.5	10.0	12.1	+2.1
North Central	5300	8.7	7.7	8.6	6.4	6.4	8.2	10.1	+1.9
South	5300	9.0	9.1	10.3	8.9	8.4	11.4	10.6	-0.8
West	2800	5.4	4.0	4.9	6.4	8.0	8.0	9.3	+1.3
Population Density:									
Large SMSA	4500	10.7	8.9	8.8	8.7	10.5	11.2	12.8	+1.6
Other SMSA	7100	8.5	7.8	9.7	8.6	8.3	9.3	10.7	+1.4
Non-SMSA	5900	6.1	7.0	6.7	6.2	6.6	8.6	8.7	+0.1

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 9-3

Sedatives: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	11.7	10.7	10.8	9.9	9.9	10.3	10.5	+0.2
Sex:								
Male	12.9	11.4	12.0	10.6	10.4	11.7	11.6	-0.1
Female	10.6	9.9	9.4	9.0	9.0	8.6	9.2	+0.6
College Plans:								
None or under 4 yrs	NA	12.7	12.9	10.8	11.8	13.2	13.1	-0.1
Complete 4 yrs	NA	8.3	8.1	8.5	7.5	7.7	8.3	+0.6
Region:								
Northeast	10.9	11.5	10.7	11.7	12.9	10.0	11.4	+1.4
North Central	13.4	11.4	11.9	9.2	8.3	9.8	10.9	+1.1
South	11.1	11.1	11.3	9.9	9.8	11.9	9.9	-2.0
West	10.4	7.3	7.5	8.4	8.4	8.7	9.6	+0.9
Population Density:								
Large SMSA	12.3	11.4	9.8	10.2	11.7	10.6	11.6	+1.0
Other SMSA	12.1	10.8	11.7	10.3	9.9	10.3	10.8	+0.5
Non-SMSA	10.7	10.1	10.3	9.1	8.5	10.2	9.3	-0.9

NOTES: Level of significance of difference between the two most recent classes
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 9-3a

Barbiturates: Trends in Annual Prevalence of Use by Subgroups

	Number of Cases (Class of 1981)	Percent who used in last twelve months							
		Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	17500	10.7	9.6	9.3	8.1	7.5	6.8	6.6	-0.2
Sex:									
Male	8400	12.3	9.9	10.2	8.4	7.6	7.3	7.2	-0.1
Female	8600	9.9	9.2	8.4	7.7	7.0	6.0	5.8	-0.2
College Plans:									
None or under 4 yrs	6700	NA	11.6	11.4	9.1	9.3	9.0	8.1	-0.9
Complete 4 yrs	9700	NA	7.3	6.8	6.8	5.2	4.8	5.1	+0.3
Region:									
Northeast	4100	11.5	10.4	9.2	9.6	9.6	6.9	6.8	-0.1
North Central	5300	12.8	10.4	10.7	7.9	6.9	7.3	7.5	+0.2
South	5300	9.9	9.7	9.3	7.8	7.3	7.0	5.5	-1.5
West	2800	10.0	6.7	6.6	6.6	5.7	5.2	6.5	+1.3
Population Density:									
Large SMSA	4500	11.1	10.2	8.1	8.1	8.3	6.6	6.9	+0.3
Other SMSA	7100	11.3	9.8	9.9	8.2	7.3	6.5	6.4	-0.1
Non-SMSA	5900	9.8	9.0	9.5	8.1	7.0	7.2	6.6	-0.6

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 9-3b

Quaaludes: Trends in Annual Prevalence of Use by Subgroups

	Number of Cases (Class of 1981)	Percent who used in last twelve months							
		Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	17500	5.1	4.7	5.2	4.9	5.9	7.2	7.6	+0.4
Sex:									
Male	8400	6.7	5.5	6.6	6.0	6.7	8.8	8.8	0.0
Female	8600	4.0	3.7	4.0	3.9	4.8	5.4	6.2	+0.8
College Plans:									
None or under 4 yrs	6700	NA	5.5	6.3	5.1	6.8	8.9	9.8	+0.9
Complete 4 yrs	9700	NA	3.5	3.8	4.3	4.6	5.5	5.7	+0.2
Region:									
Northeast	4100	5.5	5.1	5.3	5.8	8.6	7.1	8.6	+1.5
North Central	5300	5.8	5.0	5.3	3.8	4.0	6.1	7.5	+1.4
South	5300	5.8	5.4	6.5	5.6	5.9	9.2	7.7	-1.5
West	2800	2.8	2.1	2.7	4.2	5.4	5.4	6.0	+0.6
Population Density:									
Large SMSA	4500	6.8	5.1	5.0	5.3	8.1	7.9	9.0	+1.1
Other SMSA	7100	5.3	4.7	6.3	5.5	5.8	7.3	7.9	+0.6
Non-SMSA	5900	3.8	4.3	4.1	3.8	4.3	6.5	6.1	-0.4

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 9-4

Sedatives: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	5.4	4.5	5.1	4.2	4.4	4.8	4.6	-0.2
Sex:								
Male	5.7	4.5	5.7	4.6	4.5	5.6	5.2	-0.4
Female	5.1	4.3	4.4	3.6	4.1	3.7	3.9	+0.2
College Plans:								
None or under 4 yrs	NA	5.6	6.2	4.6	5.4	6.2	5.8	-0.4
Complete 4 yrs	NA	3.2	3.6	3.3	3.1	3.3	3.4	+0.1
Region:								
Northeast	4.6	4.2	5.0	5.5	6.4	4.2	4.9	+0.7
North Central	6.4	5.3	5.6	3.5	3.6	4.8	4.6	-0.2
South	5.3	4.8	5.6	4.3	4.2	6.3	5.0	-1.3
West	4.6	2.7	3.3	2.9	3.3	2.8	3.2	+0.4
Population Density:								
Large SMSA	5.7	4.3	4.9	4.3	5.1	4.1	5.0	+0.9
Other SMSA	5.6	4.6	5.8	4.3	4.4	5.0	4.6	-0.4
Non-SMSA	4.9	4.6	4.5	3.9	3.8	5.0	4.2	-0.8

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 9-4a

Barbiturates: Trends in Thirty-Day Prevalence of Use by Subgroups

		Percent who used in last thirty days							
	Number of cases (Class of 1981)	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	17500	4.7	3.9	4.3	3.2	3.2	2.9	2.6	-0.3
Sex:									
Male	8400	5.3	3.7	4.8	3.4	3.2	3.2	2.9	-0.3
Female	8600	4.6	3.9	3.8	3.0	3.1	2.4	2.4	0.0
College Plans:									
None or under 4 yrs	6700	NA	4.8	5.4	3.7	4.3	3.9	3.2	-0.7
Complete 4 yrs	9700	NA	2.8	2.9	2.5	2.0	1.8	2.0	+0.2
Region:									
Northeast	4100	4.5	3.8	4.1	4.3	4.7	2.6	2.7	+0.1
North Central	5300	5.9	4.6	5.0	2.9	2.8	3.2	2.8	-0.4
South	5300	4.8	4.1	4.5	3.2	2.9	3.5	2.7	-0.8
West	2800	4.1	2.3	2.9	2.2	2.4	1.7	2.2	+0.5
Population Density:									
Large SMSA	4500	4.5	3.7	3.9	3.2	3.2	2.4	2.5	+0.1
Other SMSA	7100	5.0	4.0	4.7	3.3	3.2	3.0	2.5	-0.5
Non-SMSA	5900	4.5	3.8	4.1	3.2	3.1	3.1	2.9	-0.3

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 9-4b

Quaaludes: Trends in Thirty-Day Prevalence of Use by Subgroups

	Number of Cases (Class of 1981)	Percent who used in last thirty days							
		Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	17500	2.1	1.6	2.3	1.9	2.3	3.3	3.1	-0.2
Sex:									
Male	8400	3.0	2.0	2.8	2.3	2.6	4.2	3.7	-0.5
Female	8600	1.6	1.2	1.8	1.4	1.9	2.3	2.4	+0.1
College Plans:									
None or under 4 yrs	6700	NA	2.0	2.8	2.1	2.6	4.1	4.2	+0.1
Complete 4 yrs	9700	NA	1.1	1.6	1.4	1.8	2.4	2.1	-0.3
Region:									
Northeast	4100	1.9	1.3	2.5	2.5	3.8	2.9	3.4	+0.5
North Central	5300	2.6	2.1	2.1	1.3	1.6	3.2	3.2	0.0
South	5300	2.7	1.8	3.1	2.1	2.2	4.7	3.5	-1.2s
West	2800	1.4	0.7	1.0	1.4	1.7	1.5	1.6	+0.1
Population Density:									
Large SMSA	4500	3.0	1.5	2.4	2.0	3.3	3.0	3.7	+0.7
Other SMSA	7100	2.2	1.7	2.9	1.9	2.3	3.4	3.1	-0.3
Non-SMSA	5900	1.5	1.6	1.4	1.7	1.6	3.4	2.6	-0.8

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 9-5

Sedatives: Frequency of Use in the Last Year by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Number of occasions in last 12 months None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	17500	89.5	4.3	2.7	1.0	1.4	0.5	0.6
Sex:								
Male	8400	88.4	4.5	3.1	1.1	1.6	0.5	0.8
Female	8600	90.8	4.0	2.3	0.9	1.1	0.4	0.4
College Plans:								
None or under 4 yrs	6700	86.9	4.9	3.5	1.3	1.9	0.7	0.8
Complete 4 yrs	9700	91.7	3.7	2.1	0.8	0.9	0.3	0.5
Region:								
Northeast	4100	88.6	4.7	2.8	1.1	1.5	0.6	0.7
North Central	5300	89.1	4.2	2.9	1.0	1.5	0.4	0.8
South	5300	90.1	4.0	2.3	1.0	1.4	0.6	0.6
West	2800	90.4	4.3	3.2	0.8	0.7	0.2	0.3
Population Density:								
Large SMSA	4500	88.4	4.7	2.9	1.1	1.7	0.5	0.7
Other SMSA	7100	89.2	4.5	2.7	1.1	1.3	0.5	0.7
Non-SMSA	5900	90.7	3.7	2.6	0.8	1.3	0.5	0.5

NOTE: See Appendix D for definition of variables in table.

TABLE 9-5a

Barbiturates: Frequency of Use in the Last Year by Subgroups, Class of 1981

(Entries are percentages)

		Number of occasions in last 12 months						
	Number of Cases (Approx.)	None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	17500	93.4	3.2	1.3	0.9	0.6	0.3	0.2
Sex:								
Male	8400	92.8	3.3	1.5	1.0	0.8	0.4	0.2
Female	8600	94.2	3.0	1.2	0.8	0.5	0.2	0.2
College Plans:								
None or under 4 yrs	6700	91.9	3.7	1.7	1.1	0.9	0.4	0.3
Complete 4 yrs	9700	94.9	2.6	1.1	0.6	0.4	0.2	0.1
Region:								
Northeast	4100	93.2	3.3	1.2	1.0	0.8	0.4	0.1
North Central	5300	92.5	3.6	1.7	1.0	0.6	0.3	0.2
South	5300	94.5	2.4	1.1	0.8	0.6	0.3	0.3
West	2800	93.5	3.6	1.3	0.8	0.6	0.1	0.1
Population Density:								
Large SMSA	4500	93.1	3.2	1.3	0.9	0.7	0.4	0.2
Other SMSA	7100	93.6	3.2	1.3	0.8	0.6	0.3	0.2
Non-SMSA	5900	93.4	3.1	1.4	1.0	0.6	0.2	0.2

NOTE: See Appendix D for definition of variables in table.

TABLE 9-5b

Quaaludes: Frequency of Use in the Last Year by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Number of occasions in last 12 months						
		None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	17500	92.4	3.8	1.5	0.8	0.8	0.4	0.3
Sex:								
Male	8400	91.2	4.4	1.8	0.9	1.0	0.4	0.3
Female	8600	93.8	3.3	1.2	0.6	0.5	0.3	0.2
College Plans:								
None or under 4 yrs	6700	90.2	4.9	2.1	0.9	1.1	0.5	0.4
Complete 4 yrs	9700	94.3	3.0	1.1	0.7	0.5	0.3	0.2
Region:								
Northeast	4100	91.4	4.2	1.9	0.9	0.9	0.4	0.2
North Central	5300	92.5	3 5	1.5	0.8	0.8	0.4	0.5
South	5300	92.3	3.7	1.4	0.9	0.8	0.5	0.3
West	2800	94.0	3.8	1.1	0.5	0.4	0.1	0.1
Population Density:								
Large SMSA	4500	91.0	4.6	1.8	1.1	0.9	0.4	0.3
Other SMSA	7100	92.1	4.0	1.5	0.8	0.8	0.4	0.4
Non-SMSA	5900	93.9	2.9	1.3	0.7	0.6	0.4	0.2

NOTE: See Appendix D for definition of variables in table.

TABLE 9-6

Sedatives: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Lifetime use							
No occasions	81.8	82.3	82.6	84.0	85.4	85.1	84.0
1-2 occasions	5.7	6.2	5.9	5.4	5.2	5.6	6.0
3-5 occasions	4.2	3.8	3.6	3.9	3.5	3.2	3.7
6-9 occasions	1.8	2.0	1.9	1.7	1.4	1.5	1.6
10-19 occasions	2.4	2.4	2.5	2.1	2.2	2.0	1.8
20-39 occasions	1.2	1.1	1.2	1.0	0.8	0.9	1.0
40 or more	2.8	2.2	2.4	1.8	1.5	1.7	1.8
N =	(9675)	(15995)	(17762)	(18269)	(16174)	(16007)	(17759)
Use in last twelve months							
No occasions	88.3	89.3	89.2	90.1	90.1	89.7	89.5
1-2 occasions	4.2	4.3	4.0	3.9	3.9	4.2	4.3
3-5 occasions	3.0	2.7	2.5	2.6	2.6	2.4	2.7
6-9 occasions	1.4	1.2	1.4	1.2	1.1	1.1	1.0
10-19 occasions	1.7	1.5	1.7	1.2	1.4	1.4	1.4
20-39 occasions	0.6	0.5	0.6	0.4	0.4	0.5	0.5
40 or more	0.8	0.5	0.7	0.6	0.4	0.6	0.6
N =	(9671)	(15980)	(17752)	(18267)	(16165)	(16004)	(17755)
Use in last thirty days							
No occasions	94.6	95.5	94.9	95.8	95.6	95.2	95.4
1-2 occasions	2.6	2.3	2.4	2.2	2.3	2.2	2.4
3-5 occasions	1.4	1.2	1.5	1.0	1.2	1.5	1.3
6-9 occasions	0.6	0.5	0.5	0.4	0.5	0.4	0.4
10-19 occasions	0.5	0.3	0.5	0.4	0.4	0.5	0.4
20-39 occasions	0.2	0.1	0.1	0.1	0.1	0.2	0.1
40 or more	0.1	0.1	0.1	0.1	0.0	0.1	0.1
N =	(9666)	(15980)	(17748)	(18265)	(16166)	(16002)	(17758)
Probability of future use[a]							

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[a] This question asked about barbiturates only. See Table 9-6a.

TABLE 9-6a

Barbiturates: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Lifetime use							
No occasions	83.1	83.8	84.4	86.3	88.2	89.0	88.7
1-2 occasions	6.2	6.5	5.9	5.3	4.8	4.7	5.0
3-5 occasions	3.4	2.9	2.9	2.9	2.5	2.0	2.2
6-9 occasions	1.9	2.1	1.9	1.7	1.3	1.4	1.3
10-19 occasions	2.0	1.9	1.9	1.5	1.6	1.2	1.1
20-39 occasions	1.3	1.3	1.4	1.1	0.8	0.7	0.8
40 or more	2.0	1.6	1.6	1.2	0.9	1.0	0.9
N =	(9297)	(14449)	(15146)	(18141)	(16028)	(15880)	(17625)
Use in last twelve months							
No occasions	89.3	90.4	90.7	91.9	92.5	93.2	93.4
1-2 occasions	4.5	4.6	3.9	3.8	3.3	3.2	3.2
3-5 occasions	2.4	2.0	1.8	1.8	1.8	1.3	1.3
6-9 occasions	1.5	1.3	1.5	1.1	1.0	0.8	0.9
10-19 occasions	1.4	1.0	1.2	0.8	0.9	0.7	0.6
20-39 occasions	0.5	0.5	0.5	0.4	0.3	0.4	0.3
40 or more	0.5	0.4	0.4	0.3	0.2	0.3	0.2
N =	(9282)	(14404)	(15118)	(18116)	(16017)	(15868)	(17615)
Use in last thirty days							
No occasions	95.3	96.1	95.7	96.8	96.8	97.1	97.4
1-2 occasions	2.6	2.2	2.4	1.8	1.9	1.5	1.6
3-5 occasions	1.0	0.8	0.9	0.7	0.7	0.7	0.6
6-9 occasions	0.6	0.4	0.5	0.4	0.4	0.3	0.2
10-19 occasions	0.4	0.3	0.3	0.2	0.2	0.3	0.2
20-39 occasions	0.1	0.1	0.1	0.1	0.0	0.1	0.0
40 or more	0.0	0.0	0.1	0.0	0.0	0.0	0.0
N =	(9286)	(14404)	(15105)	(18111)	(16012)	(15861)	(17610)
Probability of future use							
Definitely will not	77.3	77.1	75.2	75.7	78.8	79.0	78.0
Probably will not	19.0	19.2	20.3	20.8	18.3	17.9	18.7
Probably will	3.1	3.1	4.0	2.9	2.3	2.5	2.6
Definitely will	0.6	0.5	0.6	0.6	0.6	0.7	0.7
N =	(2893)	(3055)	(3443)	(3481)	(3102)	(3062)	(3349)

TABLE 9-6b

Quaaludes: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Lifetime use							
No occasions	91.9	92.2	91.4	92.1	91.7	90.5	89.4
1-2 occasions	3.1	3.2	3.5	3.5	3.6	4.3	4.5
3-5 occasions	1.4	1.4	1.6	1.5	1.8	1.8	2.1
6-9 occasions	1.0	1.0	1.2	1.0	1.0	1.1	1.3
10-19 occasions	1.0	0.9	1.0	0.8	0.9	1.0	1.0
20-39 occasions	0.8	0.5	0.6	0.5	0.5	0.6	0.7
40 or more	0.9	0.6	0.7	0.6	0.5	0.7	1.0
N =	(9332)	(14433)	(15198)	(18159)	(16061)	(15931)	(17669)
Use in last twelve months							
No occasions	94.9	95.3	94.7	95.1	94.1	92.8	92.4
1-2 occasions	2.3	2.3	2.6	2.5	3.1	3.6	3.8
3-5 occasions	0.9	1.1	1.1	1.1	1.2	1.5	1.5
6-9 occasions	0.9	0.6	0.7	0.6	0.7	0.8	0.8
10-19 occasions	0.6	0.4	0.6	0.4	0.5	0.6	0.8
20-39 occasions	0.3	0.1	0.2	0.2	0.2	0.4	0.4
40 or more	0.2	0.2	0.2	0.2	0.1	0.2	0.3
N =	(9328)	(14419)	(15187)	(18150)	(16042)	(15919)	(17652)
Use in last thirty days							
No occasions	97.9	98.4	97.7	98.1	97.7	96.7	96.9
1-2 occasions	1.1	1.0	1.4	1.2	1.5	2.0	1.9
3-5 occasions	0.5	0.3	0.5	0.3	0.4	0.7	0.6
6-9 occasions	0.3	0.2	0.2	0.2	0.2	0.3	0.3
10-19 occasions	0.1	0.1	0.1	0.1	0.1	0.2	0.2
20-39 occasions	0.0	0.0	0.0	0.0	0.0	0.1	0.1
40 or more	0.0	0.0	0.0	0.0	0.0	0.0	0.0
N =	(9322)	(14417)	(15182)	(18149)	(16036)	(15912)	(17653)
Probability of future use							
Definitely will not	NA	NA	NA	NA	NA	NA	NA
Probably will not	NA	NA	NA	NA	NA	NA	NA
Probably will	NA	NA	NA	NA	NA	NA	NA
Definitely will	NA	NA	NA	NA	NA	NA	NA
N =	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)

TABLE 9-7

Sedatives: Trends in Grade in Which First Used

	Percent reporting first use in each grade						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Sixth grade (or below)	0.1	0.4	0.3	0.3	0.0	0.3	0.1
Seventh or Eighth grade	1.0	0.8	1.8	1.9	1.3	0.9	0.9
Ninth grade	3.0	3.7	3.9	3.5	2.6	2.5	3.0
Tenth grade	5.9	5.7	5.3	4.3	4.2	3.3	4.3
Eleventh grade	5.1	5.1	4.1	3.8	4.0	4.8	4.8
Twelfth grade	3.0	1.9	2.0	2.2	2.6	3.2	2.8
Never used	81.8	82.3	82.6	84.0	85.4	85.1	84.0
N[a] =	(2822)	(2914)	(6004)	(6073)	(5529)	(5485)	(6137)

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[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 9-7a

Barbiturates: Trends in Grade in Which First Used

	Percent reporting first use in each grade						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Sixth grade (or below)	0.1	0.3	0.2	0.3	0.0	0.2	0.2
Seventh or Eighth grade	1.0	0.7	1.5	1.8	1.3	0.7	0.9
Ninth grade	3.0	3.6	3.8	3.2	2.4	2.3	2.6
Tenth grade	5.6	5.1	5.0	3.7	3.5	3.0	3.4
Eleventh grade	4.6	5.0	3.6	2.9	3.0	3.2	3.1
Twelfth grade	2.5	1.6	1.5	1.8	1.7	1.6	1.2
Never used	83.1	83.8	84.4	86.3	88.2	89.0	88.7
N^a =	(2771)	(2644)	(5195)	(6107)	(5469)	(5418)	(6037)

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 9-7b

Quaaludes: Trends in Grade in Which First Used

	Percent reporting first use in each grade						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Sixth grade (or below)	0.0	0.1	0.1	0.0	0.0	0.1	0.1
Seventh or Eighth grade	0.1	0.3	0.8	0.8	0.4	0.3	0.5
Ninth grade	0.9	1.6	1.8	1.6	1.4	1.3	1.5
Tenth grade	2.4	2.5	2.4	2.2	2.5	1.8	2.6
Eleventh grade	2.7	2.5	2.2	2.0	2.2	3.3	3.7
Twelfth grade	1.9	0.9	1.3	1.2	1.9	2.8	2.2
Never used	91.9	92.2	91.5	92.1	91.7	90.5	89.4
N[a] =	(2783)	(2699)	(5365)	(6254)	(5637)	(5583)	(6231)

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 9-8

Sedatives: Grade in Which First Used by Subgroups, Class of 1981

(Entries are percentages)

		Grade in school						
	Number of Cases (Approx.)	6 or below	7/8	9	10	11	12	Never used
All seniors	6300	0.1	0.9	3.0	4.3	4.8	2.8	84.0
Sex:								
Male	3000	0.3	1.0	3.2	5.1	5.6	2.3	82.5
Female	3200	0.1	0.7	2.6	3.5	3.8	3.2	86.1
College Plans:								
None or under 4 yrs	2400	0.1	1.2	4.3	5.0	6.0	3.1	80.2
Complete 4 yrs	3600	0.1	0.6	2.1	3.2	4.1	2.5	87.3
Region:								
Northeast	1400	0.1	0.7	3.5	4.2	5.7	3.0	82.8
North Central	2000	0.2	0.9	3.2	4.2	4.4	3.0	84.1
South	1900	0.1	0.7	2.7	4.4	4.8	2.3	84.8
West	1000	0.1	1.7	2.6	4.0	4.2	2.9	84.4
Population Density:								
Large SMSA	1500	0.1	0.7	3.7	4.9	5.6	2.7	82.4
Other SMSA	2600	0.1	1.0	2.8	4.2	5.0	2.7	84.2
Non-SMSA	2200	0.3	0.9	2.9	3.9	4.0	3.0	85.1

NOTE: See Appendix D for definition of variables in table.

TABLE 9-8a

Barbiturates: Grade in Which First Used by Subgroups, Class of 1981

(Entries are percentages)

		Grade in school						
	Number of Cases (Approx.)	6 or below	7/8	9	10	11	12	Never used
All seniors	6300	0.2	0.9	2.6	3.4	3.1	1.2	88.7
Sex:								
Male	3000	0.2	1.0	2.6	3.6	4.0	1.0	87.6
Female	3200	0.0	0.7	2.3	3.2	2.2	1.4	90.1
College Plans:								
None or under 4 yrs	2400	0.0	1.0	3.8	4.0	4.0	1.3	85.9
Complete 4 yrs	3600	0.2	0.5	1.8	2.7	2.3	1.3	91.2
Region:								
Northeast	1400	0.2	0.6	3.8	3.3	3.3	0.8	87.9
North Central	2000	0.0	0.9	3.2	3.5	2.8	1.7	87.9
South	1900	0.0	0.5	2.0	3.5	3.2	0.8	90.0
West	1000	0.2	2.0	1.8	3.0	2.7	1.4	89.0
Population Density:								
Large SMSA	1500	0.0	0.7	2.9	4.2	3.1	0.7	88.2
Other SMSA	2600	0.0	1.1	2.8	3.1	3.1	0.8	89.2
Non-SMSA	2200	0.2	0.6	2.1	3.5	3.1	1.9	88.6

NOTE: See Appendix D for definition of variables in table.

TABLE 9-8b

Quaaludes: Grade in Which First Used by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Grade in school						
		6 or below	7/8	9	10	11	12	Never used
All seniors	6300	0.1	0.5	1.5	2.6	3.7	2.2	89.4
Sex:								
Male	3000	0.1	0.7	1.8	3.3	4.2	2.2	87.7
Female	3200	0.1	0.3	1.1	1.8	2.9	2.2	91.5
College Plans:								
None or under 4 yrs	2400	0.1	0.8	1.9	3.0	4.7	2.8	86.6
Complete 4 yrs	3600	0.1	0.2	1.1	1.9	3.1	1.8	91.9
Region:								
Northeast	1400	0.0	0.3	1.9	3.0	4.3	2.5	87.9
North Central	2000	0.1	0.5	1.2	2.4	3.5	2.4	89.9
South	1900	0.1	0.4	1.6	2.7	3.8	2.0	89.4
West	1000	0.1	0.9	1.4	2.4	2.6	1.9	90.7
Population Density:								
Large SMSA	1500	0.1	0.2	2.3	3.2	4.5	2.4	87.2
Other SMSA	2600	0.1	0.7	1.0	2.5	3.9	2.5	89.3
Non-SMSA	2200	0.1	0.5	1.5	2.3	2.7	1.7	91.3

NOTE: See Appendix D for definition of variables in table.

TABLE 9-9

Sedatives: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	4.1	4.9	6.0	5.7	3.9	3.7	4.0	+0.3
Sex:								
Male	4.4	4.3	6.6	5.6	4.1	4.2	4.5	+0.3
Female	3.7	5.5	5.5	5.7	3.7	2.8	3.4	+0.6
College Plans:								
None or under 4 yrs	NA	5.0	6.9	7.0	5.6	4.7	5.6	+0.9
Complete 4 yrs	NA	4.5	4.7	4.4	2.7	2.6	2.8	+0.2
Region:								
Northeast	5.3	6.5	6.4	5.4	3.7	3.3	4.3	+1.0
North Central	4.1	4.3	6.2	5.5	3.4	4.1	4.3	+0.2
South	3.2	4.8	6.5	6.1	4.1	2.8	3.5	+0.7
West	4.5	5.5	3.5	6.8	4.5	4.2	4.4	+0.2
Population Density:								
Large SMSA	6.2	6.1	6.2	4.5	2.5	4.5	4.5	0.0
Other SMSA	4.1	5.9	6.2	6.9	5.5	3.2	3.9	+0.7
Non-SMSA	2.4	3.5	5.5	5.3	3.1	3.4	4.1	+0.7

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss= .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 9-9a

Barbiturates: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	4.1	4.6	5.5	5.3	3.7	3.2	3.7	+0.5
Sex:								
Male	4.7	4.1	6.0	5.3	3.5	3.8	3.8	0.0
Female	3.7	4.9	5.0	5.2	3.6	2.9	3.0	+0.1
College Plans:								
None or under 4 yrs	NA	4.4	6.2	6.7	4.8	4.5	4.8	+0.3
Complete 4 yrs	NA	4.1	4.4	3.9	2.4	2.4	2.5	+0.1
Region:								
Northeast	5.1	6.1	5.9	5.3	3.5	3.0	4.6	+1.6s
North Central	4.3	3.6	5.9	4.9	3.3	3.8	4.1	+0.3
South	2.9	4.3	5.7	5.1	3.7	2.7	2.5	-0.2
West	4.2	5.5	3.4	6.4	3.9	3.6	4.0	+0.4
Population Density:								
Large SMSA	6.3	5.8	5.4	4.6	2.5	3.9	3.6	-0.3
Other SMSA	3.9	5.5	6.1	5.9	4.8	3.0	3.9	+0.9
Non-SMSA	2.6	3.1	4.8	4.8	2.6	3.5	2.9	-0.6

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 9-9b

Quaaludes: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	1.0	2.0	2.7	2.4	1.8	1.7	2.1	+0.4
Sex:								
Male	1.5	1.6	3.0	2.4	1.9	2.6	2.6	0.0
Female	0.8	2.5	2.2	2.3	1.5	0.9	1.5	+0.6
College Plans:								
None or under 4 yrs	NA	2.1	3.1	2.6	2.4	2.4	2.8	+0.4
Complete 4 yrs	NA	1.8	1.8	1.9	1.2	1.1	1.4	+0.3
Region:								
Northeast	0.5	2.6	2.7	1.8	1.8	2.0	2.2	+0.2
North Central	1.6	2.0	2.6	2.2	1.3	1.9	1.8	-0.1
South	1.2	2.0	3.3	3.3	1.8	1.4	2.1	+0.7
West	0.9	1.2	0.6	2.3	2.0	2.0	2.4	+0.4
Population Density:								
Large SMSA	1.5	2.9	2.9	1.9	1.0	2.5	2.6	+0.1
Other SMSA	1.5	2.1	2.7	3.1	2.5	1.5	1.8	+0.3
Non-SMSA	0.4	1.4	2.1	1.9	1.6	1.2	2.1	+0.9

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 9-10a

Barbiturates: Trends in Degree and Duration of Feeling High

Q. When you take barbiturates how high do you usually get?[a]	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
PERCENT OF RECENT USERS:							
I don't take them to get high	8.2	11.7	11.4	12.8	12.6	13.7	12.4
Not at all high	6.3	4.6	6.0	7.3	7.3	2.0	9.0
A little high	24.7	22.6	22.0	18.9	20.7	28.8	21.4
Moderately high	37.1	46.3	40.4	42.4	35.7	39.8	37.9
Very high	23.6	14.7	20.3	18.6	23.6	15.8	19.3
N =	(186)	(266)	(270)	(256)	(204)	(168)	(176)
PERCENT OF ALL RESPONDENTS:							
No use in last 12 months	89.0	90.4	90.7	91.9	93.4	94.5	94.7
I don't take them to get high	0.9	1.1	1.1	1.0	0.8	0.8	0.7
Not at all high	0.7	0.4	0.6	0.6	0.5	0.1	0.5
A little high	2.7	2.2	2.0	1.5	1.4	1.6	1.1
Moderately high	4.1	4.4	3.8	3.4	2.4	2.2	2.0
Very high	2.6	1.4	1.9	1.5	1.6	0.9	1.0
N =	(1691)	(2771)	(2903)	(3160)	(3090)	(3032)	(3335)
Q. When you take barbiturates how long do you usually stay high?[a]							
PERCENT OF RECENT USERS:							
Usually don't get high	13.1	13.8	14.1	17.4	17.1	7.3	15.5
One to two hours	20.0	26.0	21.5	17.2	21.2	27.2	23.6
Three to six hours	42.4	44.6	47.7	52.0	41.6	51.0	45.6
Seven to 24 hours	23.7	14.7	14.1	13.4	20.1	13.2	14.9
More than 24 hours	0.8	0.9	2.6	0.0	0.0	1.3	0.4
N =	(185)	(258)	(265)	(255)	(205)	(166)	(175)
PERCENT OF ALL RESPONDENTS:							
No use in last 12 months	89.0	90.4	90.7	91.9	93.4	94.5	94.7
Usually don't get high	1.4	1.3	1.3	1.4	1.1	0.4	0.8
One to two hours	2.2	2.5	2.0	1.4	1.4	1.5	1.2
Three to six hours	4.7	4.3	4.4	4.2	2.8	2.8	2.4
Seven to 24 hours	2.6	1.4	1.3	1.1	1.3	0.7	0.8
More than 24 hours	0.1	0.1	0.2	0.0	0.0	0.1	0.0
N =	(1682)	(2688)	(2849)	(3148)	(3091)	(3030)	(3334)

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[a] These questions appear in just one form. They are asked only of respondents who report use of the drug in the prior twelve months (i.e., "recent users").

TABLE 9-10b

Quaaludes: Trends in Degree and Duration of Feeling High

Q. When you take quaaludes how high do you usually get?[a]	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
PERCENT OF RECENT USERS:							
I don't take them to get high	5.3	2.3	4.5	4.6	3.2	1.7	2.9
Not at all high	2.3	0.6	7.9	2.0	2.1	2.7	1.7
A little high	15.9	8.2	9.2	12.4	12.7	16.7	16.3
Moderately high	33.1	39.2	29.7	32.3	39.1	31.3	39.2
Very high	43.4	49.7	48.7	48.7	42.8	47.7	39.9
N =	(115)	(126)	(189)	(163)	(175)	(218)	(258)
PERCENT OF ALL RESPONDENTS:							
No use in last 12 months	94.7	95.3	94.7	95.1	94.4	92.9	92.4
I don't take them to get high	0.3	0.1	0.2	0.2	0.2	0.1	0.2
Not at all high	0.1	0.0	0.4	0.1	0.1	0.2	0.1
A little high	0.8	0.4	0.5	0.6	0.7	1.2	1.2
Moderately high	1.8	1.8	1.6	1.6	2.2	2.2	3.0
Very high	2.3	2.3	2.6	2.4	2.4	3.4	3.0
N =	(2170)	(2681)	(3566)	(3326)	(3124)	(3085)	(3397)

Q. When you take quaaludes how long do you usually stay high?[a]	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
PERCENT OF RECENT USERS:							
Usually don't get high	6.3	5.2	7.2	1.3	4.1	4.2	3.3
One to two hours	18.3	15.8	14.5	14.1	11.1	15.5	21.4
Three to six hours	48.7	52.2	46.3	50.3	51.7	57.0	54.9
Seven to 24 hours	24.9	25.3	28.1	33.0	30.8	21.9	19.7
More than 24 hours	1.8	1.5	3.9	1.2	2.2	1.4	0.7
N =	(112)	(130)	(185)	(161)	(177)	(217)	(255)
PERCENT OF ALL RESPONDENTS:							
No use in last 12 months	94.7	95.3	94.7	95.1	94.3	93.0	92.5
Usually don't get high	0.3	0.2	0.4	0.1	0.2	0.3	0.2
One to two hours	1.0	0.7	0.8	0.7	0.6	1.2	1.6
Three to six hours	2.6	2.5	2.5	2.5	2.9	4.0	4.1
Seven to 24 hours	1.3	1.2	1.5	1.6	1.7	1.5	1.5
More than 24 hours	0.1	0.1	0.2	0.1	0.1	0.1	0.1
N =	(2113)	(2766)	(3491)	(3286)	(3126)	(3084)	(3394)

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[a] These questions appear in just one form. They are asked only of respondents who report use of the drug in the prior twelve months (i.e., "recent users").

FIGURE 9-1

Sedatives: Trends in Lifetime Prevalence for Earlier Grade Levels Based on Retrospective Reports from Seniors

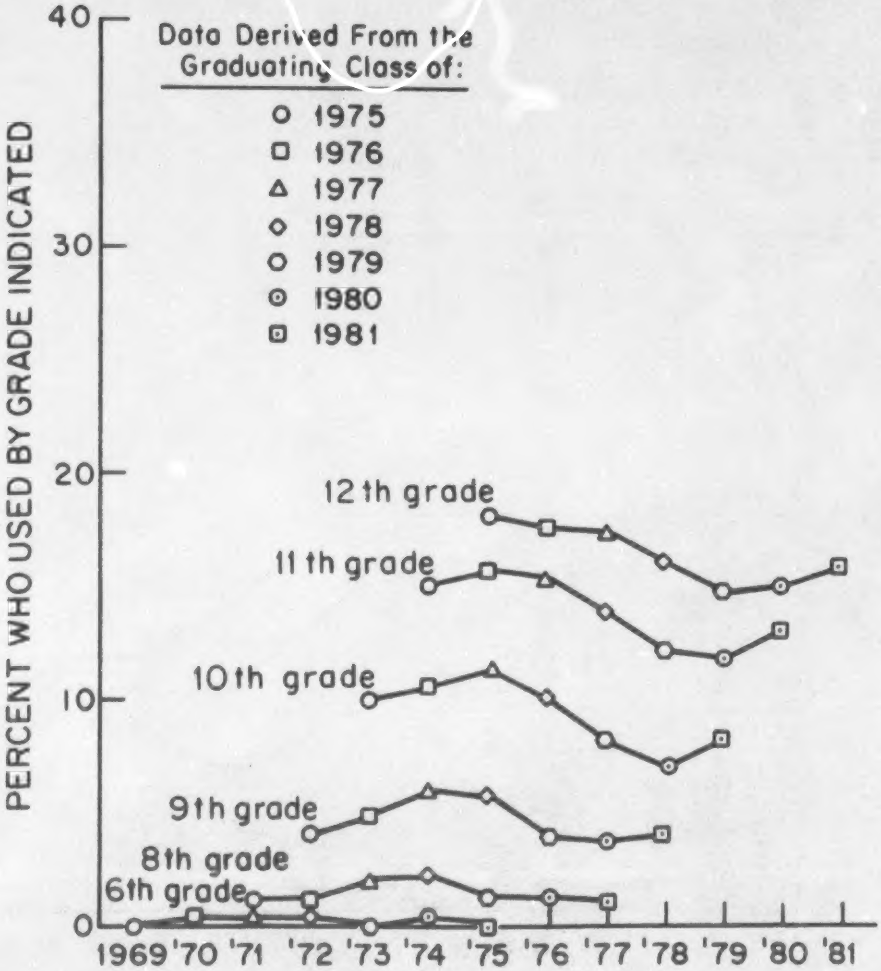


FIGURE 9-1a

Barbiturates: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

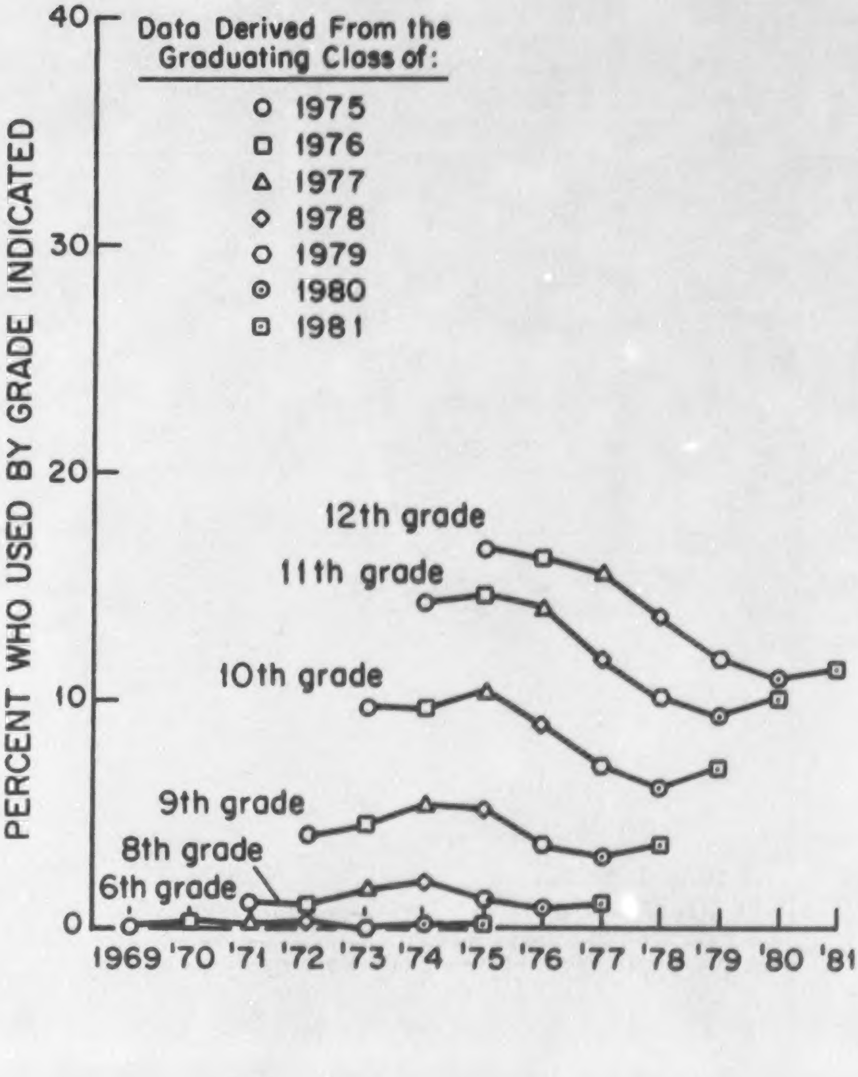


FIGURE 9-1b

Methaqualone: Trends in Lifetime Prevalence for Earlier Grade Levels Based on Retrospective Reports from Seniors

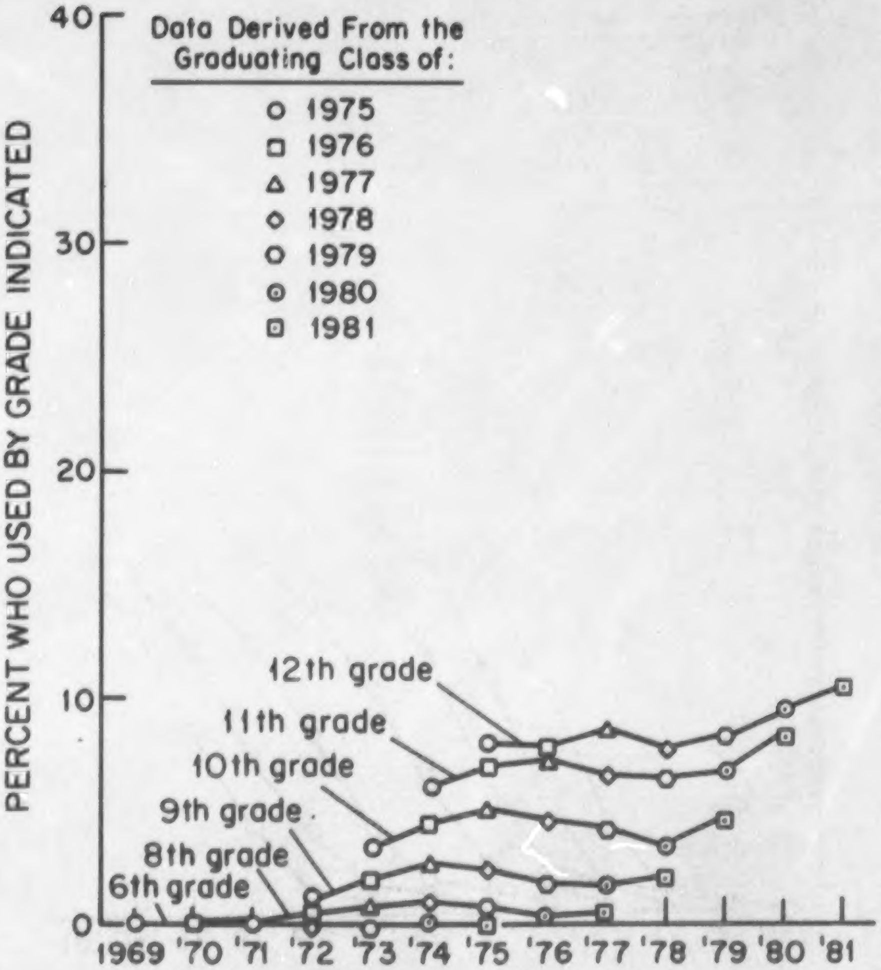
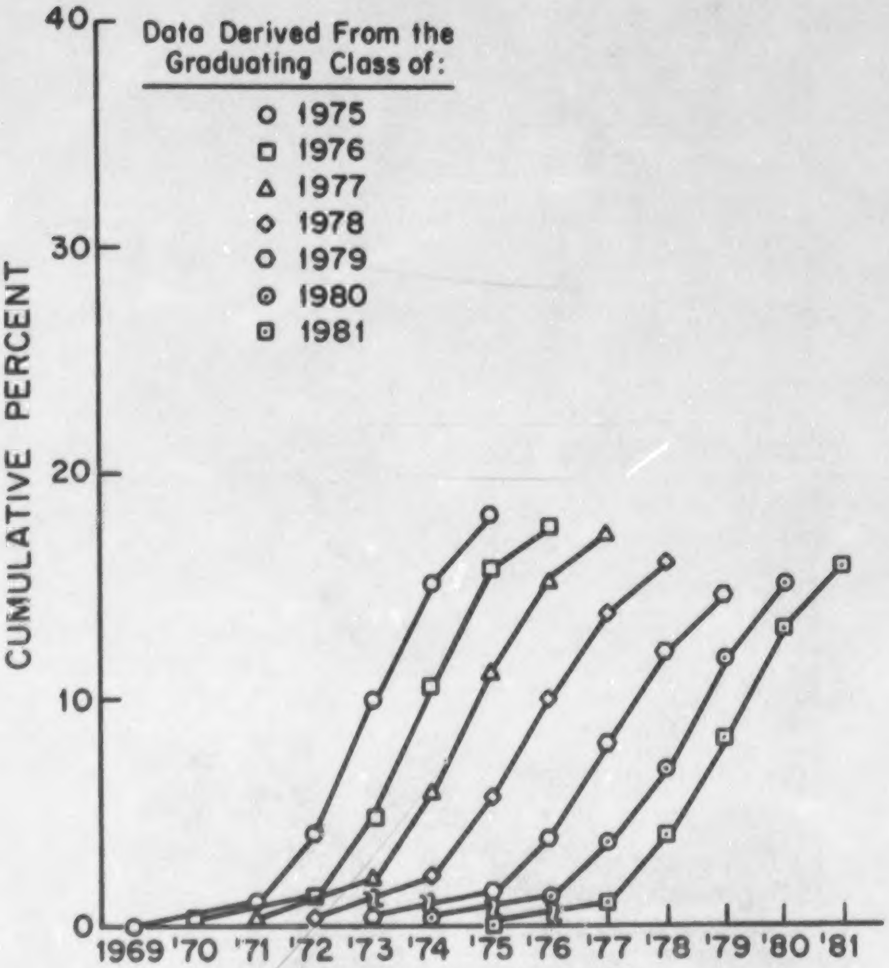


FIGURE 9-2

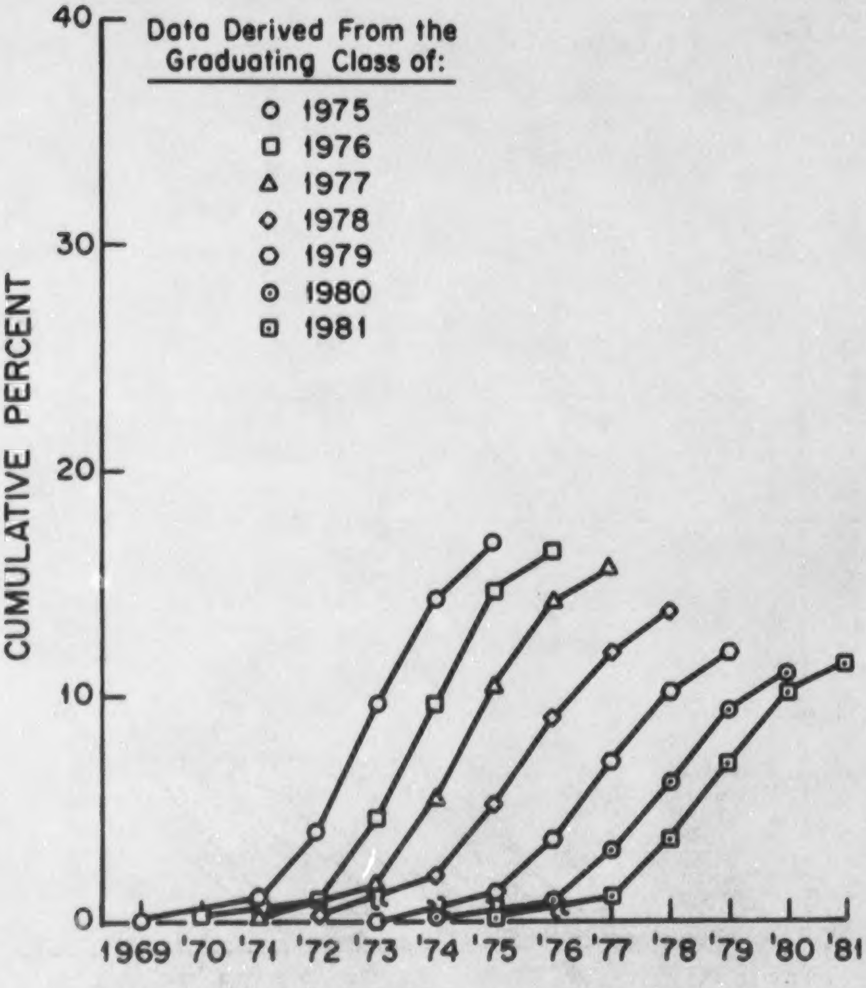
Sedatives: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

FIGURE 9-2a

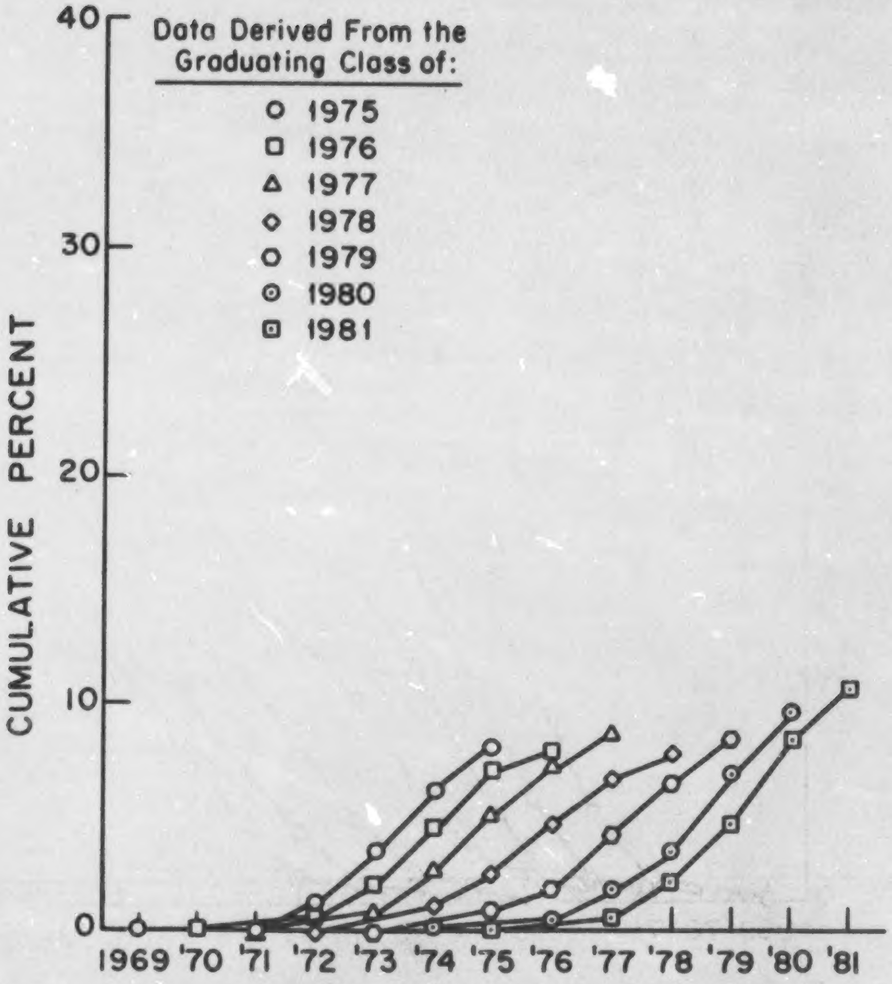
Barbiturates: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

FIGURE 9-2b

Methaqualone: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

Chapter 10

TRANQUILIZERS

As was the case for the other psychotherapeutic drugs, respondents were asked in the questions on tranquilizers to report only occasions on which they used such drugs without a doctor's orders. Their purposes for use may be recreational (e.g., to get high, feel good) or they may be instrumental (e.g., to offset the effects of other drugs, to calm their nerves). The questions do not distinguish among these various purposes.

One form of the questionnaire does contain a question about any use of tranquilizers which might have occurred under a doctor's direction. In all, 13.0% of the class of 1981 reported previous use under medical supervision. For 10.6% it was the first time they had used tranquilizers; the remaining 2.4% reported that their initial use was on their own. It appears, however, that some decline has occurred in the practice of prescribing tranquilizers to young people. In each of the classes of 1976 through 1979, about 17% reported having taken tranquilizers under a doctor's direction. In 1980 the figure was 14.4% and in 1981 it reached 13.0%. (The two-year shift is statistically significant: $p < .01$.) The decline in prescriptions of tranquilizers is particularly important because it tends to overlap, and may have contributed to, a decline in unsupervised use, as reported below.

Prevalence of Use in 1981

Total Sample	Table(s)
• About one in every seven seniors (14.7%) reports ever having used a tranquilizer without medical supervision. Half of those have used on only one or two occasions, and thus can be considered experimenters.	1,2,6
• One in twelve (8.0%) reports use in the prior year, and 2.7% report use in the prior month.	1,3,4
• Relatively few (1.7%) have used on 20 or more occasions in their lifetime.	6
• Practically no one reports daily or near-daily use in the prior month.	6

Subgroup Differences	
• Sex Differences. Males and females show nearly identical levels of use, a pattern which is evident over the past three or four years.	2,3,4,5
• College Plans. Those not planning to complete four years of college report a slightly higher prevalence than those with four-year college plans. (This finding has been replicated repeatedly in this study.) The figures for annual prevalence,	2,3,4,5

Table(s)

for example, are 9.4% and 6.9%, respectively. Frequent use is more disproportionately concentrated among the noncollege-bound, however. Some 1.4% of them report use on 10 or more occasions in the last year, vs. 0.8% of the college-bound (difference significant at .01 level).

- Region of the Country. There are only small regional differences in tranquilizer use, and such differences have not been consistent from year to year. 2,3,4,5

- Population Density. There are similarly small differences related to population density. 2,3,4,5

Recent Trends in Prevalence

Total Sample

- Use of tranquilizers without medical supervision was at its highest point for the class of 1977, and it declined steadily thereafter. During the four-year interval from 1977 to 1981, lifetime prevalence dropped from 18.0% to 14.7%, annual prevalence declined from 10.8% to 8.0%, and monthly prevalence dropped from 4.6% to 2.7% (each significant at p .001). 2,3,4

Subgroup Differences in Trends

- Each of the subgroups showed a decline from 1977 to 1981. Except for a sex difference noted below, there is no clear or consistent evidence of differential subgroup trends. 2,3,4

- In the classes of 1975 through 1977 females were slightly more likely than males to have used tranquilizers without a doctor's orders. (They were also more likely to have taken tranquilizers under medical supervision—a pattern which has continued through the class of 1981.) However, from 1978 onward there have been no important male-female differences in prevalence. 2,3,4

Use at Earlier Grade Levels

- Of the 14.7% of seniors who have used tranquilizers without medical supervision, the great majority initially did so in ninth grade or later (as was true for stimulants and sedatives). 7

- There are no large subgroup differences in age of onset, although the noncollege-bound have consistently shown higher rates at earlier grade levels. 9

Table(s)

- Figure 1 displays a peaking in lifetime prevalence of medically unsupervised tranquilizer use between 1974-1977 for the various grade levels. The graduating classes of 1977 or 1978 showed the peak lifetime prevalence rates at all grade levels. Fig 1

Probability of Future Use

- About 4% of 1981 seniors say they "probably" or "definitely" will be using tranquilizers five years in the future, while 69% say they "definitely" will not. 6

- There has been very little change in these figures in recent years. 6

Degree and Duration of Highs

- Seniors reporting any use of tranquilizers during the prior twelve months without medical orders were asked to describe the degree and duration of the highs they experienced.

- About one out of every five such users (19%) say they do not use tranquilizers to get high, and another 17% say they usually do not get high when using them. Most of the remaining users say they used them only to get "a little high" (29%) or "moderately high" (23%). Thus, of all of the drug classes discussed in this volume (except cigarettes), tranquilizers are used the least for attaining a sense of euphoria or inebriation. 10

- Of those who get high with tranquilizers, the great majority state that they usually stay high less than 7 hours, and many (27% of all users) stay high only 1 or 2 hours. 10

- There are no clearly discernible cross-time trends in the intensity or duration of the highs experienced. 10

TABLE 10-1

Tranquilizers: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	17500	14.7	2.7	5.3	6.7	85.3
Sex:						
Male	8400	14.4	2.7	5.3	6.4	85.6
Female	8600	14.9	2.6	5.1	7.2	85.1
College Plans:						
None or under 4 yrs	6700	17.1	3.3	6.1	7.7	82.9
Complete 4 yrs	9700	12.9	2.2	4.7	6.0	87.1
Region:						
Northeast	4100	15.5	2.7	5.6	7.2	84.5
North Central	5300	14.5	3.0	4.8	6.7	85.5
South	5300	14.2	2.6	5.2	6.4	85.8
West	2800	15.2	2.3	5.7	7.2	84.8
Population Density:						
Large SMSA	4500	15.4	2.9	5.4	7.1	84.6
Other SMSA	7100	14.8	2.5	5.6	6.7	85.2
Non-SMSA	5900	14.2	2.7	4.8	6.7	85.8

NOTE: See Appendix D for definition of variables in table.

TABLE 10-2

Tranquilizers: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	17.0	16.8	18.0	17.0	16.3	15.2	14.7	-0.5
Sex:								
Male	15.7	15.5	16.5	16.4	15.7	14.9	14.4	-0.5
Female	18.1	18.0	19.5	17.6	16.7	15.5	14.9	-0.6
College Plans:								
None or under 4 yrs	NA	18.6	20.4	19.5	18.3	18.8	17.1	-1.7
Complete 4 yrs	NA	14.7	15.4	14.6	14.0	12.4	12.9	+0.5
Region:								
Northeast	14.7	16.2	17.4	18.3	18.2	14.3	15.5	+1.2
North Central	17.3	15.8	18.1	15.4	13.5	14.6	14.5	-0.1
South	17.3	18.7	19.0	17.5	17.0	16.5	14.2	-2.3
West	19.5	16.2	16.9	17.3	17.1	15.2	15.2	0.0
Population Density:								
Large SMSA	17.5	16.5	16.8	17.5	16.7	15.0	15.4	+0.4
Other SMSA	18.1	18.4	18.7	18.0	17.7	16.4	14.8	-1.6
Non-SMSA	15.4	15.3	18.0	15.3	14.0	13.8	14.2	+0.4

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 10-3

Tranquilizers: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	10.6	10.3	10.8	9.9	9.6	8.7	8.0	-0.7
Sex:								
Male	10.0	9.4	10.2	9.7	9.9	9.0	8.0	-1.0
Female	11.1	11.0	11.4	10.1	9.3	8.5	7.7	-0.8
College Plans:								
None or under 4 yrs	NA	11.5	12.3	11.1	11.0	10.7	9.4	-1.3
Complete 4 yrs	NA	8.9	9.0	8.6	8.1	7.2	6.9	-0.3
Region:								
Northeast	9.2	9.7	10.4	10.9	11.5	8.6	8.3	-0.3
North Central	10.6	10.1	11.0	8.8	7.5	8.2	7.8	-0.4
South	11.3	11.7	11.4	10.5	10.4	9.5	7.8	-1.7
West	11.7	8.5	9.6	8.9	9.4	8.6	8.0	-0.6
Population Density:								
Large SMSA	11.2	9.6	9.6	10.3	9.9	8.7	8.3	-0.4
Other SMSA	11.0	11.3	11.4	10.1	10.2	9.3	8.1	-1.2
Non-SMSA	9.9	9.5	11.0	9.2	8.7	8.0	7.5	-0.5

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 10-4

Tranquilizers: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	4.1	4.0	4.6	3.4	3.7	3.1	2.7	-0.4
Sex:								
Male	3.8	3.8	4.4	3.2	3.6	3.3	2.7	-0.6
Female	4.3	4.2	4.8	3.7	3.8	2.9	2.6	-0.3
College Plans:								
None or under 4 yrs	NA	4.4	5.4	4.1	4.4	4.2	3.3	-0.9s
Complete 4 yrs	NA	3.3	3.5	2.8	2.8	2.2	2.2	0.0
Region:								
Northeast	3.2	3.6	4.3	4.1	4.4	2.8	2.7	-0.1
North Central	4.2	4.1	5.2	3.0	2.5	3.0	3.0	0.0
South	54.7	4.7	4.6	3.5	4.2	4.0	2.6	-1.4ss
West	4.0	3.0	3.6	3.0	3.6	2.3	2.3	0.0
Population Density:								
Large SMSA	4.1	3.6	4.0	3.6	3.6	2.6	2.9	+0.3
Other SMSA	4.6	4.2	4.4	3.5	4.1	3.3	2.5	-0.8
Non-SMSA	3.5	4.0	5.3	3.2	3.1	3.3	2.7	-0.6

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 10-5

Tranquilizers: Frequency of Use in the Last Year by Subgroups, Class of 1981

(Entries are percentages)

		Number of occasions in last 12 months						
	Number of Cases (Approx.)	None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	17500	92.0	4.4	1.5	1.0	0.6	0.3	0.1
Sex:								
Male	8400	92.0	4.2	1.6	1.1	0.7	0.3	0.2
Female	8600	92.3	4.5	1.4	0.9	0.5	0.3	0.1
College Plans:								
None or under 4 yrs	6700	90.6	4.9	1.9	1.1	0.8	0.4	0.2
Complete 4 yrs	9700	93.1	4.0	1.2	0.8	0.5	0.2	0.1
Region:								
Northeast	4100	91.7	4.6	1.7	1.1	0.5	0.2	0.1
North Central	5300	92.2	3.8	1.6	1.3	0.7	0.3	0.1
South	5300	92.2	4.5	1.3	0.8	0.8	0.3	0.2
West	2800	92.0	5.1	1.5	0.6	0.5	0.3	0.1
Population Density:								
Large SMSA	4500	91.7	4.5	1.5	1.2	0.6	0.4	0.2
Other SMSA	7100	91.9	4.6	1.6	1.0	0.6	0.2	0.1
Non-SMSA	5900	92.5	4.1	1.4	0.8	0.7	0.3	0.1

NOTE: See Appendix D for definition of variables in table.

TABLE 10-6

Tranquilizers: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Lifetime use							
No occasions	83.0	83.2	82.0	83.0	83.7	84.8	85.3
1-2 occasions	7.8	7.5	7.8	7.7	7.7	7.4	7.3
3-5 occasions	3.1	3.4	3.3	3.7	3.2	3.0	2.8
6-9 occasions	2.1	2.0	2.1	1.9	1.7	1.5	1.6
10-19 occasions	1.6	1.7	2.1	1.7	1.6	1.4	1.4
20-39 occasions	1.0	1.0	1.2	0.9	0.9	0.8	0.8
40 or more	1.4	1.2	1.5	1.1	1.2	1.1	0.9
N =	(9523)	(15832)	(17574)	(18097)	(16029)	(15902)	(17626)
Use in last twelve months							
No occasions	89.4	89.7	89.2	90.1	90.4	91.3	92.0
1-2 occasions	5.4	5.2	5.1	5.3	4.9	4.8	4.4
3-5 occasions	2.2	2.2	1.9	2.1	2.1	1.6	1.5
6-9 occasions	1.2	1.3	1.6	1.0	1.1	1.0	1.0
10-19 occasions	0.9	0.8	1.1	0.8	0.9	0.7	0.6
20-39 occasions	0.5	0.4	0.5	0.4	0.4	0.4	0.3
40 or more	0.4	0.4	0.5	0.3	0.2	0.3	0.1
N =	(9518)	(15788)	(17538)	(18068)	(15994)	(15864)	(17598)
Use in last thirty days							
No occasions	95.9	96.0	95.4	96.6	96.3	96.9	97.3
1-2 occasions	2.4	2.5	2.5	2.1	2.2	1.8	1.6
3-5 occasions	0.9	0.8	1.0	0.7	0.8	0.7	0.6
6-9 occasions	0.5	0.4	0.5	0.4	0.3	0.3	0.3
10-19 occasions	0.3	0.2	0.3	0.2	0.2	0.2	0.2
20-39 occasions	0.0	0.1	0.1	0.0	0.1	0.0	0.0
40 or more	0.0	0.1	0.1	0.0	0.0	0.0	0.0
N =	(9507)	(15782)	(17520)	(18053)	(15981)	(15857)	(17585)
Probability of future use							
Definitely will not	70.7	69.8	67.1	67.0	69.8	70.8	68.5
Probably will not	25.5	25.9	27.5	28.8	26.1	25.3	27.4
Probably will	3.4	3.8	4.7	3.7	3.4	3.5	3.5
Definitely will	0.4	0.5	0.8	0.5	0.7	0.4	0.6
N =	(2911)	(3031)	(3375)	(3436)	(3058)	(3010)	(3349)

TABLE 10-7

Tranquilizers: Trends in Grade in Which First Used

	Percent reporting first use in each grade						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Sixth grade (or below)	0.2	0.4	0.5	0.7	0.3	0.3	0.3
Seventh or Eighth grade	1.0	0.8	1.7	2.0	1.5	1.6	1.4
Ninth grade	2.9	3.3	3.7	4.2	2.7	3.0	3.4
Tenth grade	3.9	4.7	4.6	4.2	4.6	3.3	3.9
Eleventh grade	5.5	5.7	4.9	4.1	4.6	4.4	3.8
Twelfth grade	3.5	1.9	2.6	1.8	2.4	2.6	1.9
Never used	83.0	83.2	82.0	83.0	83.7	84.8	85.3
N^a =	(2831)	(2832)	(5821)	(5859)	(5308)	(5305)	(5911)

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[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 10-8

Tranquilizers: Grade in Which First Used by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Grade in school						
		6 or below	7/8	9	10	11	12	Never used
All seniors	6300	0.3	1.4	3.4	3.9	3.8	1.9	85.3
Sex:								
Male	3000	0.4	1.6	3.6	3.4	4.1	1.4	85.6
Female	3200	0.3	1.4	3.1	4.6	3.1	2.4	85.1
College Plans:								
None or under 4 yrs	2400	0.3	1.6	4.6	4.5	3.5	2.6	82.9
Complete 4 yrs	3600	0.4	1.1	2.5	3.8	3.8	1.4	87.1
Region:								
Northeast	1400	0.0	1.2	3.7	3.5	4.9	2.3	84.5
North Central	2000	0.5	1.4	3.4	4.1	3.4	1.8	85.5
South	1900	0.3	1.0	3.1	4.4	3.6	1.8	85.8
West	1000	0.5	2.3	3.4	3.9	3.4	1.8	84.8
Population Density:								
Large SMSA	1500	0.2	1.5	3.6	4.5	3.5	2.2	84.6
Other SMSA	2600	0.5	1.9	3.5	3.7	3.5	1.7	85.2
Non-SMSA	2200	0.3	0.7	3.0	4.1	4.2	1.9	85.8

NOTE: See Appendix D for definition of variables in table.

TABLE 10-9

Tranquilizers: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	4.1	4.5	5.9	6.9	4.5	4.9	5.1	+0.2
Sex:								
Male	4.4	4.7	5.1	5.6	4.3	4.9	5.6	+0.7
Female	4.3	4.3	6.3	8.1	4.7	4.8	4.8	0.0
College Plans:								
None or under 4 yrs	NA	4.3	6.7	8.4	5.5	6.5	6.5	0.0
Complete 4 yrs	NA	4.2	4.7	5.8	3.7	3.5	4.0	+0.5
Region:								
Northeast	3.0	4.5	6.1	7.2	4.1	3.8	4.9	+1.1
North Central	4.0	3.8	5.2	6.3	4.2	5.5	5.3	-0.2
South	4.5	5.4	6.6	6.1	4.6	4.7	4.4	-0.3
West	5.9	2.2	5.1	10.1	5.4	5.7	6.2	+0.5
Population Density:								
Large SMSA	4.6	4.4	5.3	6.8	3.8	4.5	5.3	+0.8
Other SMSA	4.3	4.9	6.1	7.6	6.1	5.7	5.9	+0.2
Non-SMSA	3.9	3.9	5.9	6.3	3.2	4.2	4.0	-0.2

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 10-10

Tranquilizers: Trends in Degree and Duration of Feeling High

Q. When you take tranquilizers how high do you usually get?[a]	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
PERCENT OF RECENT USERS:							
I don't take them to get high	17.9	18.5	23.6	23.0	16.8	14.7	19.1
Not at all high	11.1	16.2	12.4	14.0	15.0	17.6	17.0
A little high	30.1	24.1	29.5	27.0	27.0	27.5	28.7
Moderately high	28.9	31.4	25.8	29.1	30.5	29.8	22.9
Very high	11.9	9.8	8.7	6.8	10.8	10.5	12.4
N =	(159)	(235)	(283)	(267)	(218)	(205)	(223)
PERCENT OF ALL RESPONDENTS:							
No use in last 12 months	89.4	89.7	89.2	90.1	92.9	93.2	93.3
I don't take them to get high	1.9	1.9	2.5	2.3	1.2	1.0	1.3
Not at all high	1.2	1.7	1.3	1.4	1.1	1.2	1.1
A little high	3.2	2.5	3.2	2.7	1.9	1.9	1.9
Moderately high	3.1	3.2	2.8	2.9	2.2	2.0	1.5
Very high	1.3	1.0	0.9	0.7	0.8	0.7	0.8
N =	(1500)	(2282)	(2620)	(2697)	(3073)	(3040)	(3330)
Q. When you take tranquilizers how long do you usually stay high?[a]							
PERCENT OF RECENT USERS:							
Usually don't get high	29.9	33.0	31.6	32.7	27.8	27.9	31.1
One to two hours	17.6	24.1	22.5	26.0	21.3	25.4	27.2
Three to six hours	42.9	35.6	38.8	32.3	40.2	32.4	32.1
Seven to 24 hours	9.5	6.5	6.1	8.7	9.4	14.2	9.5
More than 24 hours	0.0	0.7	1.0	0.4	1.3	0.0	0.0
N =	(158)	(236)	(282)	(269)	(221)	(200)	(221)
PERCENT OF ALL RESPONDENTS:							
No use in last 12 months	89.4	89.7	89.2	90.1	92.8	93.4	93.4
Usually don't get high	3.2	3.4	3.4	3.2	2.0	1.8	2.1
One to two hours	1.9	2.5	2.4	2.6	1.5	1.7	1.8
Three to six hours	4.5	3.7	4.2	3.2	2.9	2.1	2.1
Seven to 24 hours	1.0	0.7	0.7	0.9	0.7	0.9	0.6
More than 24 hours	0.0	0.1	0.1	0.0	0.1	0.0	0.0
N =	(1491)	(2291)	(2611)	(2717)	(3075)	(3034)	(3328)

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[a] These questions appear in just one form. They are asked only of respondents who report use of the drug in the prior twelve months (i.e., "recent users").

FIGURE 10-1

Tranquilizers: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

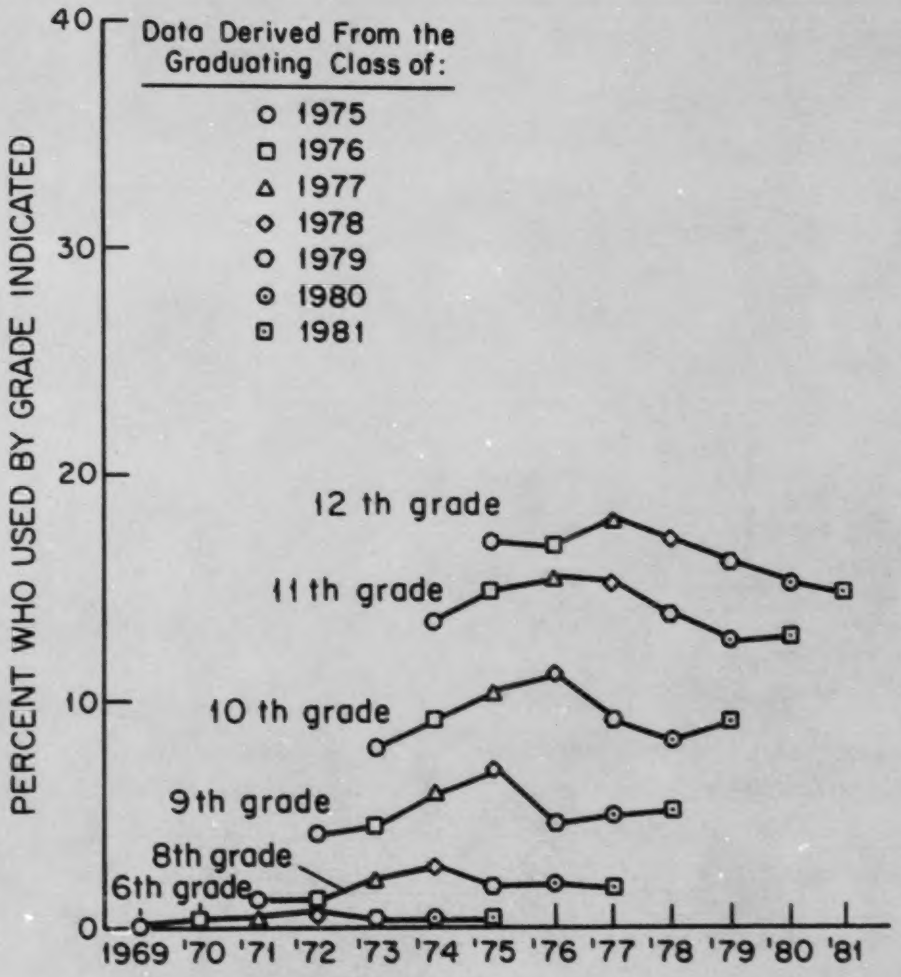
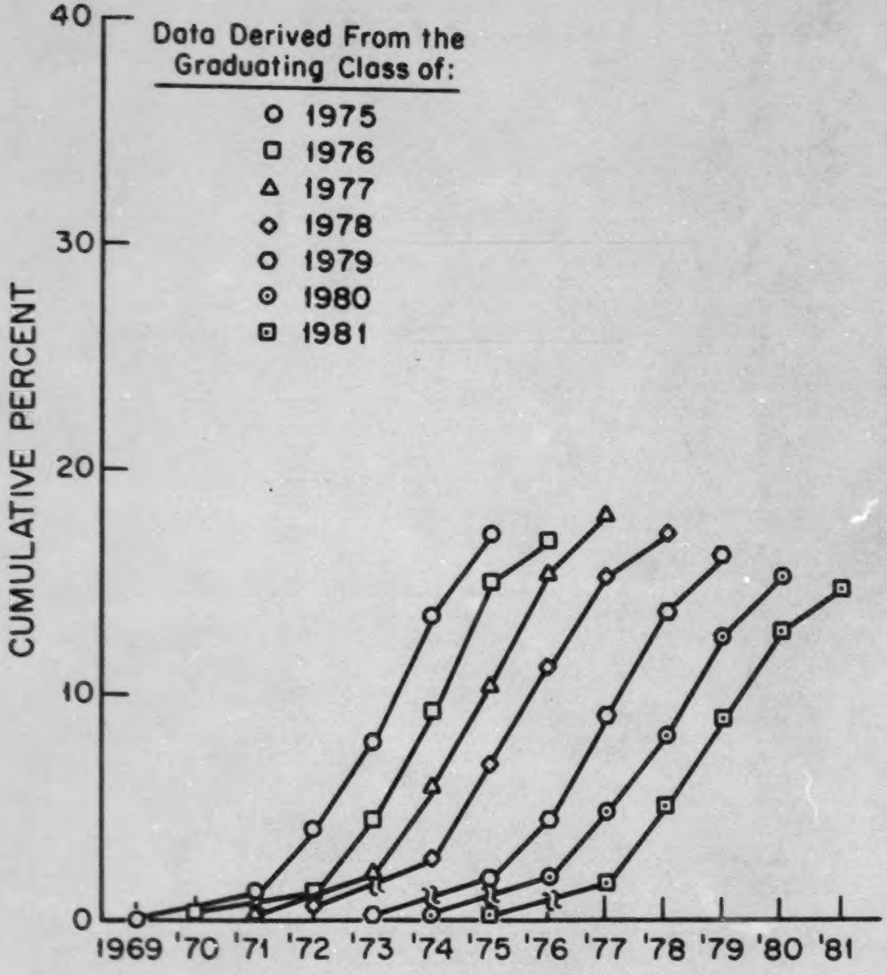


FIGURE 10-2

Tranquilizers: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

Chapter 11

ALCOHOL

Alcohol is the most widely used of all of the drugs discussed in this report. It is, of course, available in the United States in the form of beer, wine, and hard liquor. Distinctions will not be made among the classes of beverage since the majority of respondents were asked to answer about the use of alcohol in any of its forms. (There are both practical and analytic advantages to getting data in a form in which the respondent summarizes across beverages.) From more detailed information gathered separately for the different classes of beverage, however, we know that beer is the predominant alcoholic beverage used by high school students.

Because of the very high alcohol prevalence figures for all senior classes and all subgroups, overall prevalence proves not to be a very sensitive statistic for differentiating groups. Thus, much of the discussion will focus on the shorter time periods and the higher frequency levels within time periods. In fact, a special table (Table 11-10) has been added to show prevalence figures for daily use by the various subgroups in the population, while Tables 11-16 through 11-18 deal with the number of occasions on which respondents consumed five or more drinks in a row.

Prevalence of Use in 1981

Total Sample

	Table(s)
• Nearly all seniors (93%) have tried alcohol, and the great majority (87%) have used it during the past year.	2,3
• Most (71%) have used it during the month prior to the survey.	4
• Half (49%) report recent weekly use (i.e., three or more occasions during the past 30 days).	6
• Daily use (defined as 20 or more occasions during the prior 30 days) was reported by 6.0% of the sample.	6
• Importantly, fully 41% indicated that they had consumed five or more drinks on at least one occasion during the previous two-week interval, while 6% reported such heavy drinking on six or more occasions.	16

Subgroup Differences

• Sex Differences. Alcohol use is more prevalent among males than among females. About 76% of the males have used alcohol during the prior 30 days, compared with 66% of the females. About twice as many males as females (29% versus 15%) report using alcohol 40 or more times during the past year; and daily use occurs more than twice as often among males as among females (8.4% vs. 3.4%).	2,3,4,5, 10,17

Table(s)

- College Plans. Annual and monthly prevalence rates are about the same for those planning four years of college, as for those who are not. However, alcohol consumption on about a weekly basis over the year (i.e., 40 or more times during the past twelve months) is somewhat lower among those planning four years of college (21%) than among those without such plans (25%). Similarly, daily use is substantially less prevalent among the college-bound (4.6% vs. 7.7%). 2,3,4,5, 10,17

- Region of the Country. The four regions tend to divide into two groups on the prevalence of alcohol use. The South and the West have lower prevalence rates for all three prevalence intervals, while the Northeast and North Central have higher rates. For example, 63% and 65% of the students in the South and West respectively report use in the prior 30 days, while the comparable percentages for the Northeast and North Central are 80% and 74%. More frequent use is also less common in the South and West. 2,3,4,5, 10,17

- Population Density. While there are not large differences between the three levels of urbanicity, alcohol prevalence is positively correlated with urbanicity. To illustrate, the annual prevalence figures are 91% for large metropolitan areas, 87% for other metropolitan areas, and 85% for non-metropolitan areas. This modest relationship has been replicated in all seven years of the study. There are, however, rather small differences among the three urbanicity levels in daily use, which suggests that the urbanicity differences primarily reflect differences in the number of infrequent and occasional drinkers. 2,3,4,5, 10,17

Recent Trends in Prevalence

Total Sample

- The data indicate some slight upward drift between 1975 and 1978 in the lifetime, annual, and 30-day prevalence trends for alcohol use among high school seniors. For example, annual prevalence rose from about 85% in 1975 to 88% in 1978, while thirty-day prevalence rose over the same time span from 68% to 72%. Since 1978, however, there has been very little change in these prevalence rates. 2,3,4

- The proportion using more frequently also rose slightly over approximately the same interval. Use on 20 or more occasions in the preceding year rose from 32.3% in 1975 to 36.2% in 1978, but has remained stable since. 6

- Drinking 5 or more drinks per occasion behaved similarly. The proportion reporting any such heavy drinking over the prior two-week interval rose from 37% in 1975 to 41% in 1979, and then stabilized. 18

	Table(s)
• On the other hand, daily use (defined as using on 20-plus occasions in the prior month) has remained essentially stable throughout at about 6%. None of the small year-to-year fluctuations is statistically significant, nor is any consistent trend discernible.	10

Subgroup Differences in Trends

• The prevalence figures for males and females have been moving in parallel, as have those for the college and noncollege groups.	2,3,4
• Observed alcohol prevalence remained at about the same level in 1981 as it was in 1975 for all regions except the West, where there is some evidence of a slight increase in the earlier years.	2,3,4
• While the large urban areas (which have had the highest prevalence rates) have remained about level over the last six years, the least urban areas have shown slight increases in prevalence rates, and thus have been "catching up." For example, between 1975 and 1981 the 30-day prevalence rates rose from 63% to 69% for the Non-SMSAs, while they remained at about 75% for those in Large SMSAs. Thus, a gap of about 12% in 1975 was reduced to 7% by 1981.	2,3,4

Use at Earlier Grade Levels

• Over half of all respondents (56%) have tried alcohol before reaching tenth grade—by far the highest figure for any of the drugs discussed in this volume. The modal (and median) grade of first use remains ninth grade, in which 24% first tried it.	7,9
• Each of the last seven graduating cohorts has shown a very similar pattern of onset with age, as Figure 2 illustrates.	7 Fig 2
• To the extent there has been any change, it is that there has been a slight upward trend in lifetime prevalence in grade levels eight, nine, and ten during the early seventies.	Fig 1
• Regarding subgroup differences, males are more likely than females to have tried alcohol at an early age, (37% versus 28% by eighth grade); but by later grades nearly all females as well as males have tried alcohol. First alcohol use tends to occur somewhat earlier among those in more urban settings. Initial use tends to occur later than average in the South, which is also less urban.	2,8,9
• However, the subgroup differences grew smaller in the late seventies. The sex, regional, and urbanicity differences for early onset were all substantially smaller in the class of 1978 than they were in the class of 1975; however, there were few subgroup shifts thereafter, except that the sex differences continued to diminish. The smaller sex difference is due almost entirely to an increase in the percentage of females who initiate alcohol use prior to tenth grade.	9

Probability of Future Use

Table(s)

- Over two-thirds of 1981 seniors (72%) expect to be using alcohol five years in the future. 6

- This proportion has increased slightly (i.e., by 3%) since 1975. 6

- The proportion expecting to use alcohol in the future far exceeds the proportion expecting to use the next most popular drug (marijuana—20%). This clearly reflects alcohol's continuing widespread acceptance as a recreational drug. 6, 2-6

Degree and Duration of Highs

- Of those who used alcohol in the prior year (nearly nine out of every ten seniors), most said they usually get "moderately high" (41%) or "a little high" (34%) when they drink. (In contrast to most of the other drugs, it seems likely that there is more variability from occasion to occasion with alcohol.) Only 6% said they usually get "very high." 11

- There has been virtually no change since 1976 in the degree of high usually experienced. 11

- There is also little evidence of any trend in the duration of the alcohol highs usually experienced by users, although there has been a slight drop in the proportion who say they usually don't get high at all. 11

- There exist some interesting subgroup differences on the measures of quantity consumed per occasion. Consistent with the subgroup differences reported above on frequent drinking (particularly at the daily level), males on the average get higher and stay high longer than females. The noncollege-bound users also tend to be heavier drinkers, when they drink, than the college-bound. Drinkers in the Northeast and North Central, the two regions of the country which had the highest frequency of drinking levels, also report getting slightly higher and staying high slightly longer (on the average) than drinkers in the South and West, although these regional differences are quite small. Regarding urbanicity, there is practically no association between the degree and duration of highs reported by alcohol users and the size of the community in which they live. Recall (from Table 10) that urbanicity bears little or no relationship to frequent drinking. 12,14

- Virtually all of these subgroup differences are paralleled in the data on binge drinking during the prior two-week interval. 18

TABLE 11-1

Alcohol: Prevalence (Ever Used) and Recency of Use by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Ever used	Past month	Past year, not past month	Not past year	Never used
All seniors	17500	92.6	70.7	16.3	5.6	7.4
Sex:						
Male	8400	93.4	75.7	13.2	4.5	6.6
Female	8600	91.8	65.7	19.4	6.7	8.2
College Plans:						
None or under 4 yrs	6700	92.9	72.1	14.9	5.9	7.1
Complete 4 yrs	9700	92.7	70.0	17.4	5.3	7.3
Region:						
Northeast	4100	96.4	80.4	13.4	2.6	3.6
North Central	5300	94.4	73.6	15.5	5.3	5.6
South	5300	88.8	62.9	17.8	8.1	11.2
West	2800	90.6	65.3	19.2	6.1	9.4
Population Density:						
Large SMSA	4500	94.5	75.5	15.0	4.0	5.5
Other SMSA	7100	92.5	69.1	17.4	6.0	7.5
Non-SMSA	5900	91.3	68.9	15.9	6.5	8.7

NOTE: See Appendix D for definition of variables in table.

TABLE 11-2

Alcohol: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	90.4	91.9	92.5	93.1	93.0	93.2	92.6	-0.6
Sex:								
Male	92.0	93.2	94.2	94.4	93.8	94.5	93.4	-1.1
Female	89.2	90.6	90.9	91.9	92.2	92.0	91.8	-0.2
College Plans:								
None or under 4 yrs	NA	92.4	93.0	93.2	93.3	93.5	92.9	-0.6
Complete 4 yrs	NA	91.4	92.2	93.0	92.7	93.1	92.7	-0.4
Region:								
Northeast	95.0	95.4	96.0	95.7	97.1	96.4	96.4	0.0
North Central	92.0	93.5	94.5	95.0	93.9	95.0	94.4	-0.6
South	88.0	88.8	89.1	90.7	90.4	89.9	88.8	-1.1
West	85.0	89.3	89.2	89.9	90.0	91.4	90.6	-0.8
Population Density:								
Large SMSA	95.4	95.0	94.7	95.0	96.2	96.1	94.5	-1.6
Other SMSA	90.5	91.0	92.9	93.2	92.8	92.7	92.5	-0.2
Non-SMSA	87.2	90.6	90.2	91.3	90.6	91.5	91.3	-0.2

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 11-3

Alcohol: Trends in Annual Prevalence of Use by Subgroups

	Percent who used in last twelve months							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	84.8	85.7	87.0	87.7	88.1	87.9	87.0	-0.9
Sex:								
Male	88.1	88.3	90.0	90.0	89.7	89.6	88.9	-0.7
Female	82.1	83.2	84.3	85.7	86.5	86.2	85.1	-1.1
College Plans:								
None or under 4 yrs	NA	86.7	87.7	88.0	88.6	88.2	87.0	-1.2
Complete 4 yrs	NA	84.9	86.5	87.6	87.8	87.7	87.4	-0.3
Region:								
Northeast	91.9	91.6	92.8	92.5	94.8	93.1	93.8	+0.7
North Central	87.6	88.7	90.4	91.0	89.8	90.3	89.1	-1.2
South	79.9	80.2	81.0	83.2	83.3	82.2	80.7	-1.5
West	78.2	81.2	82.3	82.8	83.6	86.2	84.5	-1.7
Population Density:								
Large SMSA	91.7	90.4	90.4	90.7	92.6	92.3	90.5	-1.8
Other SMSA	85.1	84.7	87.6	87.8	88.0	87.2	86.5	-0.7
Non-SMSA	80.0	83.4	83.4	85.0	84.6	85.4	84.8	-0.6

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 11-4

Alcohol: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	68.2	68.3	71.2	72.1	71.8	72.0	70.7	-1.3
Sex:								
Male	75.0	74.5	77.8	77.5	76.7	77.4	75.7	-1.7
Female	62.2	61.8	65.0	67.1	67.0	66.8	65.7	-1.1
College Plans:								
None or under 4 yrs	NA	69.9	72.8	72.7	72.2	73.5	72.1	-1.4
Complete 4 yrs	NA	66.5	69.4	71.6	71.4	70.8	70.0	-0.8
Region:								
Northeast	76.9	75.7	76.6	78.0	81.1	79.4	80.4	+1.0
North Central	71.1	73.2	76.4	77.2	73.9	75.1	73.6	-1.5
South	62.8	60.2	64.7	67.0	65.7	65.5	62.9	-2.6
West	60.0	62.2	64.4	63.1	65.5	67.6	65.3	-2.3
Population Density:								
Large SMSA	75.3	72.6	74.0	75.5	77.3	78.0	75.5	-2.5
Other SMSA	68.5	67.0	72.0	72.7	72.0	70.8	69.1	-1.7
Non-SMSA	63.2	66.5	67.8	68.4	67.3	69.0	68.9	-0.1

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 11-5

Alcohol: Frequency of Use in the Last Year by Subgroups, Class of 1981

(Entries are percentages)

		Number of occasions in last 12 months						
	Number of Cases (Approx.)	None	1-2	3-5	6-9	10-19	20-39	40+
All seniors	17500	13.0	12.6	11.8	10.5	15.6	13.9	22.5
Sex:								
Male	8400	11.1	10.1	10.4	9.3	15.8	14.0	29.4
Female	8600	14.9	15.2	13.2	11.9	15.6	14.0	15.2
College Plans:								
None or under 4 yrs	6700	13.0	12.0	11.3	10.2	15.2	13.5	24.9
Complete 4 yrs	9700	12.6	13.0	12.3	10.9	16.3	14.2	20.6
Region:								
Northeast	4100	6.2	9.4	10.7	10.6	17.9	17.2	28.0
North Central	5300	10.9	11.6	12.1	10.2	16.6	14.8	23.8
South	5300	19.3	15.8	12.3	10.7	13.0	11.3	17.6
West	2800	15.5	13.6	11.7	10.8	15.2	12.5	20.7
Population Density:								
Large SMSA	4500	9.5	11.1	11.5	10.5	16.5	15.6	25.3
Other SMSA	7100	13.5	12.8	12.4	11.4	15.9	13.7	20.3
Non-SMSA	5900	15.2	13.7	11.2	9.5	14.7	13.0	22.8

NOTE: See Appendix D for definition of variables in table.

TABLE 11-6

Alcohol: Trends in Frequency of Use for Lifetime, Last Year, and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Lifetime use							
No occasions	9.6	8.1	7.5	6.9	7.0	6.8	7.4
1-2 occasions	7.6	8.0	7.1	7.0	6.3	6.9	6.8
3-5 occasions	8.8	8.3	8.2	7.4	7.6	7.3	7.7
6-9 occasions	8.3	8.5	8.3	8.1	7.4	7.8	7.4
10-19 occasions	12.6	11.9	12.0	12.1	12.1	12.4	11.5
20-39 occasions	13.6	13.5	13.7	13.2	13.4	13.2	13.5
40 or more	39.6	41.7	43.2	45.2	46.1	45.6	45.7
N =	(9796)	(15385)	(17116)	(17615)	(15635)	(15472)	(17131)
Use in last twelve months							
No occasions	15.2	14.3	13.0	12.3	11.9	12.1	13.0
1-2 occasions	12.8	13.3	12.9	12.3	12.3	12.5	12.6
3-5 occasions	12.5	12.3	11.6	11.4	11.4	11.4	11.8
6-9 occasions	11.5	11.1	11.7	11.6	11.2	11.2	10.5
10-19 occasions	15.7	16.5	16.0	16.3	15.9	15.7	15.6
20-39 occasions	13.0	12.6	13.2	14.7	13.9	14.3	13.9
40 or more	19.3	19.9	21.6	21.5	23.3	22.8	22.5
N =	(9738)	(15345)	(17047)	(17547)	(15564)	(15412)	(17055)
Use in last thirty days							
No occasions	31.8	31.7	28.8	27.9	28.2	28.0	29.3
1-2 occasions	22.1	22.0	22.2	21.8	21.6	21.9	21.9
3-5 occasions	17.5	18.4	18.3	18.9	17.9	18.6	18.4
6-9 occasions	12.8	12.6	13.4	14.4	14.6	14.3	13.6
10-19 occasions	10.1	9.6	11.2	11.4	10.8	11.0	10.7
20-39 occasions	3.5	3.3	3.5	3.5	4.1	3.6	3.4
40 or more	2.2	2.3	2.6	2.3	2.8	2.4	2.6
N =	(9737)	(15377)	(17087)	(17601)	(15584)	(15437)	(17051)
Probability of future use							
Definitely will not	17.0	18.1	13.9	13.8	13.8	13.2	14.5
Probably will not	14.7	15.7	16.7	15.3	15.4	15.2	14.0
Probably will	54.4	53.3	54.8	55.8	55.6	55.3	55.7
Definitely will	13.9	12.9	14.6	15.0	15.1	16.3	15.8
N =	(3078)	(3263)	(3623)	(3732)	(3306)	(3265)	(3578)

TABLE 11-7

Alcohol: Trends in Grade in Which First Used

	Percent reporting first use in each grade						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Sixth grade (or below)	9.8	7.5	7.8	9.1	8.1	8.0	9.0
Seventh or Eighth grade	17.5	21.5	21.1	22.5	22.5	22.2	23.2
Ninth grade	23.1	23.0	24.1	24.1	24.9	24.8	24.1
Tenth grade	18.4	19.7	18.4	18.2	18.5	19.3	18.8
Eleventh grade	15.5	13.0	13.9	12.9	12.6	11.9	11.8
Twelfth grade	6.2	7.3	7.1	6.2	6.4	7.0	5.7
Never used	9.6	8.1	7.5	6.9	7.0	6.8	7.4
N[a] =	(3037)	(2776)	(5792)	(5928)	(5360)	(5260)	(5900)

---

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 11-8

Alcohol: Grade in Which First Used by Subgroups, Class of 1981

(Entries are percentages)

	Number of Cases (Approx.)	Grade in school						
		6 or below	7/8	9	10	11	12	Never used
All seniors	6300	9.0	23.2	24.1	18.8	11.8	5.7	7.4
Sex:								
Male	3000	11.5	25.2	23.0	18.5	10.2	5.0	6.6
Female	3200	6.6	20.9	25.2	19.2	13.5	6.5	8.2
College Plans:								
None or under 4 yrs	2400	9.3	24.4	24.7	18.3	10.8	5.4	7.1
Complete 4 yrs	3600	8.7	22.1	23.9	19.3	12.7	6.0	7.3
Region:								
Northeast	1400	9.3	26.5	25.9	18.9	11.7	4.1	3.6
North Central	2000	9.9	21.7	26.4	19.9	11.3	5.2	5.6
South	1900	7.0	20.2	21.3	19.3	13.6	7.4	11.2
West	1000	10.6	26.6	22.3	15.4	10.0	5.6	9.4
Population Density:								
Large SMSA	1500	8.9	26.2	25.8	17.4	11.9	4.3	5.5
Other SMSA	2600	9.7	22.9	22.8	18.8	11.4	7.0	7.5
Non-SMSA	2200	8.3	21.2	24.5	19.8	12.3	5.2	8.7

NOTE: See Appendix D for definition of variables in table.

TABLE 11-9

Alcohol: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	50.4	52.0	53.0	55.7	55.5	55.0	56.3	+1.3
Sex:								
Male	59.0	58.5	59.1	61.8	60.5	60.7	59.7	-1.0
Female	42.2	45.2	47.1	49.8	50.9	49.9	52.7	+2.8
College Plans:								
None or under 4 yrs	NA	52.3	55.8	57.4	57.0	55.0	58.4	+3.4
Complete 4 yrs	NA	50.8	49.1	53.7	54.0	54.6	54.7	+0.1
Region:								
Northeast	60.8	60.1	59.2	62.8	63.2	60.2	61.7	+1.5
North Central	50.7	54.7	56.1	57.6	57.9	58.8	58.0	-0.8
South	40.8	41.5	44.5	49.2	47.4	46.1	48.5	+2.4
West	54.9	53.6	54.0	56.0	54.8	56.8	59.5	+2.7
Population Density:								
Large SMSA	57.1	57.0	58.8	59.6	62.7	63.8	60.9	-2.9
Other SMSA	49.8	50.2	50.4	55.2	55.6	53.0	55.4	+2.4
Non-SMSA	46.9	50.0	51.7	53.3	49.7	51.2	54.0	+2.8

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 11-10

Alcohol: Trends in Thirty-Day Prevalence of Daily Use by Subgroups

	Percent who used daily in last thirty days							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	5.7	5.6	6.1	5.7	6.9	6.0	6.0	0.0
Sex:								
Male	8.6	8.1	8.6	8.3	9.6	8.6	8.4	-0.2
Female	3.0	2.7	3.6	3.2	4.0	3.5	3.4	-0.1
College Plans:								
None or under 4 yrs	NA	7.3	8.0	7.3	9.0	8.0	7.7	-0.3
Complete 4 yrs	NA	3.5	4.0	4.1	5.0	4.4	4.6	+0.2
Region:								
Northeast	6.1	6.3	6.5	6.2	8.8	7.4	7.5	+0.1
North Central	6.6	6.9	6.7	7.0	6.8	6.7	6.6	-0.1
South	5.1	4.6	5.9	5.0	7.2	5.2	5.2	0.0
West	4.5	3.8	4.3	3.8	3.8	4.5	4.3	-0.2
Population Density:								
Large SMSA	6.1	5.4	5.9	6.2	7.0	7.1	6.5	-0.6
Other SMSA	5.4	5.3	5.8	5.5	6.1	5.4	5.3	-0.1
Non-SMSA	5.9	6.1	6.5	5.7	7.9	6.1	6.6	+0.5

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 11-11

Alcohol: Trends in Degree and Duration of Feeling High

Q. When you drink alcoholic beverages how high do you usually get?[a]	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
PERCENT OF RECENT USERS:							
Not at all high	23.6	21.6	20.6	19.1	19.6	20.7	18.9
A little high	33.8	32.3	32.8	33.9	33.6	32.6	33.8
Moderately high	35.9	38.0	39.6	39.9	38.7	39.7	41.4
Very high	6.6	8.1	7.0	7.1	8.1	7.0	5.8
N =	(2419)	(2608)	(3001)	(3124)	(2764)	(2709)	(2912)
PERCENT OF ALL RESPONDENTS:							
No use in last 12 months	15.2	14.3	13.0	12.3	12.5	13.2	14.7
Not at all high	20.0	18.5	17.9	16.8	17.2	18.0	16.2
A little high	28.7	27.7	28.5	29.7	29.4	28.3	28.9
Moderately high	30.4	32.6	34.5	35.0	33.8	34.4	35.3
Very high	5.6	6.9	6.1	6.2	7.1	6.1	5.0
N =	(2853)	(3043)	(3449)	(3562)	(3159)	(3122)	(3413)
Q. When you drink alcoholic beverages how long do you usually stay high?[a]							
PERCENT OF RECENT USERS:							
Usually don't get high	25.7	24.6	22.6	21.3	21.7	22.7	20.9
One to two hours	40.5	38.5	38.8	39.8	41.9	39.5	40.3
Three to six hours	30.1	33.8	34.8	35.7	32.7	33.8	35.6
Seven to 24 hours	3.4	3.0	3.5	3.1	3.4	3.8	3.1
More than 24 hours	0.2	0.2	0.3	0.1	0.2	0.2	0.1
N =	(2403)	(2597)	(2965)	(3098)	(2746)	(2697)	(2892)
PERCENT OF ALL RESPONDENTS:							
No use in last 12 months	15.2	14.3	13.0	12.3	12.6	13.3	14.8
Usually don't get high	21.8	21.1	19.7	18.7	19.0	19.7	17.8
One to two hours	34.3	33.0	33.8	34.9	36.6	34.2	34.3
Three to six hours	25.5	29.0	30.3	31.3	28.6	29.3	30.4
Seven to 24 hours	2.9	2.6	3.0	2.7	3.0	3.3	2.7
More than 24 hours	0.2	0.2	0.3	0.1	0.2	0.2	0.1
N =	(2834)	(3030)	(3408)	(3532)	(3142)	(3109)	(3393)

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[a] These questions appear in just one form. They are asked only of respondents who report use of the drug in the prior twelve months (i.e., "recent users").

TABLE 11-12

Alcohol: Degree of Feeling High, Class of 1981

Q. *When you drink alcoholic beverages how high do you usually get?*	Number of cases	Percent of recent users[a] saying:			
		Not at all	A little	Moderately	Very
All seniors	2912	18.9	33.8	41.4	5.8
Sex:					
Male	1387	16.5	31.6	43.9	8.0
Female	1401	22.2	36.9	38.0	2.9
College Plans:					
None or under 4 yrs	1004	16.9	33.1	42.8	7.1
Complete 4 yrs	1601	21.7	34.5	39.4	4.4
Region:					
Northeast	758	15.5	34.3	44.1	6.2
North Central	890	17.6	30.3	44.7	7.5
South	797	23.8	36.1	35.6	4.5
West	467	18.9	36.0	40.8	4.3
Population Density:					
Large SMSA	819	17.4	34.4	43.1	5.1
Other SMSA	1152	18.6	34.6	40.7	6.1
Non-SMSA	941	20.7	32.4	40.8	6.2

NOTE: See Appendix D for definition of variables.

[a] This question is asked in one form only; figures are based on all respondents who report use of the drug in the prior twelve months.

TABLE 11-13

Alcohol: Degree of Feeling High, Class of 1981

Q. When you drink alcoholic beverages how high do you usually get?	Number of cases	Percent of all respondents[a] saying: Did not use in last 12 months	Not at all	A little	Moderately	Very
All seniors	3413	14.7	16.2	28.9	35.3	5.0
Sex:						
Male	1584	12.4	14.5	27.7	38.4	7.0
Female	1690	17.1	18.4	30.6	31.5	2.4
College Plans:						
None or under 4 yrs	1192	15.8	14.3	27.9	36.1	6.0
Complete 4 yrs	1875	14.6	18.5	29.5	33.7	3.8
Region:						
Northeast	818	7.3	14.4	31.7	40.8	5.7
North Central	1023	13.0	15.3	26.3	38.9	6.5
South	1022	22.0	18.6	28.1	27.8	3.5
West	551	15.1	16.0	30.5	34.6	3.7
Population Density:						
Large SMSA	918	10.8	15.5	30.7	38.4	4.6
Other SMSA	1359	15.2	15.8	29.3	34.5	5.2
Non-SMSA	1136	17.1	17.1	26.8	33.8	5.1

NOTE: See Appendix D for definition of variables.

[a] This question is asked in one form only; figures are based on all respondents, whether or not they use the drug.

TABLE 11-14

Alcohol: Duration of Feeling High, Class of 1981

		Percent of recent users[a] saying:				
Q. *When you drink alcoholic beverages how long do you usually stay high?*	Number of cases	Usually don't get high	1-2 hours	3-6 hours	7-24 hours	More than 24 hours
All seniors	2892	20.9	40.3	35.6	3.1	0.1
Sex:						
Male	1379	18.2	38.0	39.8	3.8	0.2
Female	1391	24.0	44.1	30.0	1.9	0.0
College Plans:						
None or under 4 yrs	1007	18.4	40.0	37.6	3.8	0.2
Complete 4 yrs	1585	23.6	40.6	33.5	2.2	0.0
Region:						
Northeast	741	16.2	41.0	40.5	2.0	0.3
North Central	893	18.9	39.6	37.0	4.5	0.0
South	790	26.7	39.7	30.9	2.6	0.0
West	468	22.2	41.4	33.0	3.3	0.1
Population Density:						
Large SMSA	807	19.5	41.0	36.7	2.6	0.1
Other SMSA	1147	20.5	41.3	35.0	3.3	0.0
Non-SMSA	938	22.6	38.4	35.4	3.4	0.2

NOTE: See Appendix D for definition of variables.

[a] This question is asked in one form only; figures are based on all respondents who report use of the drug in the prior twelve months.

TABLE 11-15

Alcohol: Duration of Feeling High, Class of 1981

Q. When you drink alcoholic beverages how long do you usually stay high?	Number of cases	Percent of all respondents[a] saying: Did not use in last 12 months	Usually don't get high	1-2 hours	3-6 hours	7-24 hours	More than 24 hours
All seniors	3393	14.8	17.8	34.3	30.4	2.7	0.1
Sex:							
Male	1576	12.5	15.9	33.3	34.8	3.3	0.1
Female	1680	17.2	19.9	36.5	24.8	1.6	0.0
College Plans:							
None or under 4 yrs	1195	15.7	15.5	33.7	31.6	3.2	0.2
Complete 4 yrs	1859	14.7	20.1	34.7	28.6	1.9	0.0
Region:							
Northeast	801	7.5	15.0	37.9	37.5	1.8	0.3
North Central	1026	12.9	16.5	34.5	32.2	3.9	0.0
South	1015	22.1	20.8	30.9	24.1	2.0	0.0
West	551	15.1	18.8	35.2	28.0	2.8	0.1
Population Density:							
Large SMSA	907	11.0	17.4	36.5	32.7	2.3	0.1
Other SMSA	1354	15.3	17.3	35.0	29.6	2.8	0.0
Non-SMSA	1132	17.2	18.7	31.8	29.3	2.8	0.1

NOTE: See Appendix D for definition of variables.

[a] This question is asked in one form only; figures are based on all respondents, whether or not they use the drug.

TABLE 11-16

Alcohol: Trends in Two-Week Frequency of Heavy Drinking

(Entries are percentages)

Q. Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row?	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
None	63.2	62.9	60.6	59.7	58.8	58.8	58.6
Once	11.4	11.4	11.7	12.5	12.1	12.2	12.1
Twice	9.6	10.0	9.8	10.2	10.2	10.5	10.5
Three to five times	9.9	10.5	11.4	12.0	12.4	12.1	12.5
Six to nine times	3.6	3.1	4.0	3.3	3.9	3.8	4.0
Ten or more times	2.3	2.1	2.5	2.2	2.6	2.5	2.2
N =	(9804)	(15068)	(16840)	(17274)	(15480)	(15356)	(16975)

TABLE 11-17

Alcohol: Two-Week Frequency of Heavy Drinking by Subgroups, Class of 1981

(Entries are percentages)

		Number of occasions respondent had 5 or more drinks					
	Number of cases (Approx.)	None	Once	Twice	3-5 times	6-9 times	10+ times
All seniors	17500	58.6	12.1	10.5	12.5	4.0	2.2
Sex:							
Male	8400	48.4	13.3	13.0	16.6	5.4	3.4
Female	8600	69.2	11.1	7.9	8.4	2.4	0.9
College Plans:							
None or under 4 yrs	6700	53.3	12.3	12.1	14.5	4.9	2.9
Complete 4 yrs	9700	62.6	12.3	9.4	11.0	3.1	1.6
Region:							
Northeast	4100	50.7	14.2	11.8	15.8	5.1	2.3
North Central	5300	55.1	12.1	11.7	14.0	4.4	2.6
South	5300	65.3	10.6	8.7	10.1	3.2	2.2
West	2800	64.4	11.9	9.8	9.5	2.9	1.5
Population Density:							
Large SMSA	4500	56.6	12.7	10.5	14.4	4.0	1.8
Other SMSA	7100	60.5	12.2	10.3	11.3	3.5	2.1
Non-SMSA	5900	57.8	11.6	10.8	12.6	4.5	2.7

NOTE: See Appendix D for definition of variables.

TABLE 11-18

Alcohol: Trends in Two-Week Prevalence of Heavy Drinking by Subgroups

	Percent reporting 5+ drinks on one or more occasions							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	36.8	37.1	39.4	40.3	41.2	41.2	41.4	+0.2
Sex:								
Male	49.0	47.9	50.0	51.4	51.9	52.1	51.6	-0.5
Female	26.4	25.9	29.3	29.6	30.9	30.5	30.8	+0.3
College Plans:								
None or under 4 yrs	NA	41.8	44.7	44.3	44.5	46.3	46.7	+0.4
Complete 4 yrs	NA	31.5	33.9	35.9	37.7	36.9	37.4	+0.5
Region:								
Northeast	43.0	40.8	40.0	43.5	47.4	48.0	49.3	+1.3
North Central	40.6	42.8	44.5	45.3	44.8	45.4	44.9	-0.5
South	32.1	30.8	36.3	36.4	36.7	34.4	34.7	+0.3
West	29.0	32.8	34.2	33.3	34.0	36.0	35.6	-0.4
Population Density:								
Large SMSA	37.9	37.0	38.1	39.5	42.2	44.8	43.4	-1.4
Other SMSA	36.1	36.8	39.5	40.1	40.8	38.9	39.5	+0.6
Non-SMSA	36.9	38.0	40.5	41.3	40.9	41.4	42.2	+0.8

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

FIGURE 11-1

Alcohol: Trends in Lifetime Prevalence for Earlier Grade Levels Based on Retrospective Reports from Seniors

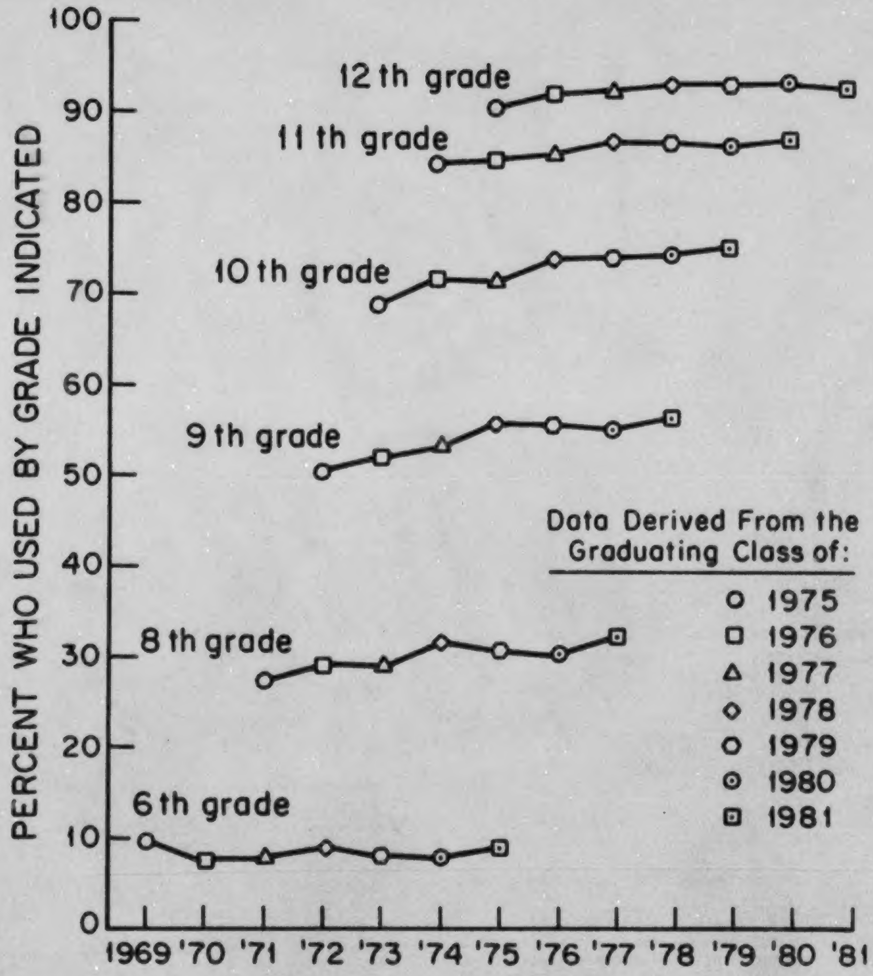
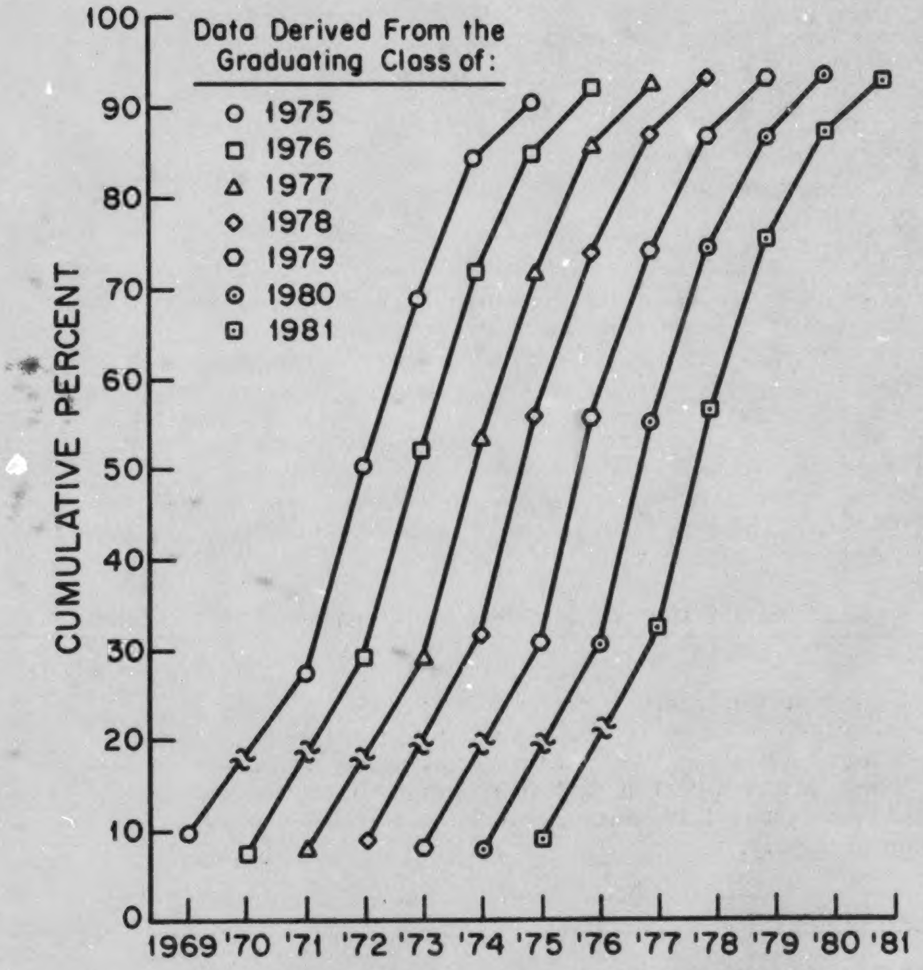


FIGURE 11-2

Alcohol: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

Chapter 12

CIGARETTES

Because cigarette smokers tend to have more regularized patterns of use than users of other drugs, and because the number of occasions of use tends to be so high for regular users, a somewhat different set of questions was developed for measuring cigarette smoking than was used for the other drugs. Therefore, several of the data tables in this chapter are unique in their structure and do not correspond exactly to comparably numbered tables in other chapters.

One cautionary note should be mentioned regarding the data on lifetime prevalence of cigarette use. In the judgement of the investigators, the wording of the question may have caused some people who had smoked a few cigarettes, but who never considered themselves "smokers" to have answered "never" when asked "Have you ever smoked cigarettes?" (See Appendix D for the full set of answers.) In other words, they may have interpreted the question to mean "Have you ever smoked cigarettes regularly?" If this is so, lifetime prevalence may be somewhat understated, but the remaining figures on regular use should be unaffected.

Prevalence of Use in 1981

Total Sample

Table(s)

- Some 71% of all seniors indicate that they have smoked cigarettes at some time in their lives, and this may be an underestimate for the reasons noted above. However, nearly half of those (31% of the sample) report doing so only once or twice. 1,2
- One-sixth of the sample (16%) describe themselves as smoking "regularly now," although on a separate question about 20% indicate smoking one or more cigarettes per day in the most recent month. 1,5
- Another 8% say they smoked "regularly in the past," but do not now. 1
- The proportion smoking half-a-pack per day or more in the last month is 13.5%, or about one out of every seven or eight seniors. Of these, the great majority report smoking either "about a half-a-pack a day" (6.4%) or "about a pack a day" (5.6%). Only 1.5% report smoking one-and-a-half packs or more per day. 4,5

Subgroup Differences

- About the same proportion of all subgroups (around 71%) have at least tried smoking, with two exceptions. Fewer of the college-bound (67%) or those in the West (66%) have ever smoked. However, these differences are pale in comparison 1

Table(s)

with the much greater differences in rates for current regular smoking related to college plans and region of the country.

- College Plans. Smoking is very strongly related to college plans. The proportion of the noncollege-bound who currently smoke half-a-pack or more daily is almost three times as great as the proportion of the college-bound who do so (20.8% vs. 7.5%). 4

- Region of the Country. There are also very large regional differences in regular smoking. Daily rates of half-a-pack a day (or more) are more than twice as high in the Northeast (16.6%), and North Central (16.0%) as in the West (7.3%). The South has an average rate of use at 12%. (These regional differences have been replicated in all seven senior classes. 4

- Sex Differences. For the class of 1981 there is practically no difference in the proportion of males and females who smoke a half-a-pack of cigarettes or more per day (13% vs. 14% respectively in the last 30 days), although somewhat more females have tried cigarettes and are occasional users. 1,2,3,4

- Population Density. The use of cigarettes—particularly current, regular use—is not very different for the three urbanicity levels examined. 1,2,3,4

Recent Trends in Prevalence

Total Sample

- Some extremely important changes in smoking have occurred in the interval 1975 to 1981 among young people. It now appears that 1976 and 1977 were the peak years for lifetime, thirty-day, and daily prevalence. (Annual prevalence is not asked.) Over the last four graduating classes, thirty-day prevalence has been dropping, from 38% in the class of 1977 to 29% in the class of 1981. More importantly, daily cigarette use has dropped over that same interval from 29% to 20%, and daily use of half-pack-a-day or more has fallen from 19.4% to 13.5% between 1977 and 1981 (nearly a one-third decrease). The decline appears to be decelerating, with daily use dropping only 1.0% over just the last year. 2,3,4,6

Subgroup Differences in Trends

- We observed in 1977 that females for the first time caught up to males at the half-a-pack per day smoking level. Since 1977, both sexes have shown a decline in the prevalence of such smoking, but use among males dropped more in 1979, resulting in a reversal of the sex differences. This year again, both sexes showed a further drop in half-pack-a-day use, and females still remain slightly higher—13.8% vs. 12.8%. (At less frequent levels of smoking there is a somewhat larger sex difference, since there are more occasional female smokers than occasional male smokers.) 4

Table(s)

- In general, all subgroups have shown a substantial drop in regular smoking since 1977. 4

Use at Earlier Grade Levels

- Of the 24% of seniors who ever smoked on a regular daily basis, nearly two-thirds first did so in ninth grade or earlier. Less than 2% of the sample became regular smokers in their senior year. Clearly, for most regular smokers in these recent cohorts, serious smoking began at an early age. 7

- A comparison of the last seven classes indicates that use at earlier ages was increasing for each succeeding class until the class of 1979, at which time a reversal in this trend began. 9 Fig 1

- Figure 1 presents the lifetime prevalence curves for cigarette smoking on a daily basis. It shows dramatically that initiation to daily smoking was beginning to peak at the lower grade levels in the mid-1970's. This peaking did not become apparent among high school seniors until later in the 70's. In essence, these changes reflect in part cohort effects—changes which show up consistently across the age band for certain class cohorts. Because of the highly addictive nature of nicotine, this is a type of drug-using behavior in which one would expect to observe enduring differences between cohorts if any are observed at a formative age. Fig 1

- Regarding subgroup differences in the class of 1981, early use was somewhat higher for females than males, but it was dramatically higher for the noncollege-bound (21% prior to tenth grade) vs. the college-bound (10%). Early smoking also remains unusually low in the West (11%). 9

- The overall trends in early smoking also pertain for just about all subgroups. 9

Probability of Future Use

- Practically no current smokers are resigned to the fact that their habits will continue, since fewer then 1% of the sample say they will "definitely" be smoking five years in the future. This unrealistically low proportion, which has not changed since 1975, bears sad witness to the addicting nature of cigarette smoking. 6

- Substantially more (13% of the sample) say they "probably" will be smoking five years hence. This projection has declined very substantially, however, since 1975 when twice as many (27%) gave the same answer (although its decline halted in 1981). In fact, it is interesting to note that the decline in intentions to smoke began at least several years prior to the actual decline in use, perhaps indicating that there was a secular change in attitudes already taking place, 6

Table(s)

but that it had its primary behavioral effects on those who were young enough to have not yet initiated smoking.

- More seniors now say they "definitely will not" be smoking five years in the future than in 1975 (59% vs. 41%). 6

TABLE 12-1

Cigarette Use by Subgroups, Class of 1981

(Entries are percentages)

	Number of cases (Approx.)	Never	Once or twice	Occasionally but not regularly	Regularly in the past	Regularly now
All seniors	17500	29.0	30.9	16.1	7.7	16.4
Sex:						
Male	8400	31.4	32.5	14.4	7.3	14.4
Female	8600	26.7	29.4	18.0	8.2	17.7
College Plans:						
Less than 4 yrs	6700	23.0	28.2	16.2	8.6	24.1
Complete 4 yrs	9700	33.4	33.5	16.2	6.9	10.0
Region:						
Northeast	4100	29.2	28.5	14.7	8.3	19.2
North Central	5300	26.2	29.9	17.0	7.9	19.0
South	5300	29.0	32.5	16.6	6.9	15.0
West	2800	33.9	33.0	15.2	8.1	9.7
Population Density:						
Large SMSA	4500	28.6	30.1	14.7	8.4	18.2
Other SMSA	7100	30.9	30.9	15.4	7.9	14.9
Non-SMSA	5900	26.9	31.5	18.0	7.0	16.7

NOTE: See Appendix D for definition of variables.

TABLE 12-2

Cigarettes: Trends in Lifetime Prevalence of Use by Subgroups

	Percent ever used							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	73.6	75.4	75.7	75.3	74.0	71.0	71.0	0.0
Sex:								
Male	75.7	75.6	76.5	74.4	72.7	70.0	68.6	-1.4
Female	71.7	74.8	74.8	75.6	74.9	71.7	73.3	+1.6
College Plans:								
None or under 4 yrs	NA	80.8	81.0	80.3	80.1	77.1	77.0	-0.1
Complete 4 yrs	NA	69.1	70.0	69.3	68.1	65.6	66.6	+1.0
Region:								
Northeast	74.7	78.2	76.5	76.3	75.7	71.7	70.8	-0.9
North Central	75.5	76.3	77.8	76.8	76.0	73.6	73.8	+0.2
South	72.9	75.6	75.4	75.9	74.5	71.6	71.0	-0.6
West	69.6	68.8	70.7	68.7	66.9	64.2	66.1	+1.9
Population Density:								
Large SMSA	74.7	75.5	76.8	74.9	72.7	71.8	71.4	-0.4
Other SMSA	71.5	73.8	73.8	74.4	73.3	69.6	69.1	-0.5
Non-SMSA	75.4	77.2	77.3	76.8	75.9	72.2	73.1	+0.9

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 12-3

Cigarettes: Trends in Thirty-Day Prevalence of Use by Subgroups

	Percent who used in last thirty days							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	36.7	38.8	38.4	36.7	34.4	30.5	29.4	-1.1
Sex:								
Male	37.2	37.7	36.6	34.5	31.2	26.8	26.5	-0.3
Female	35.9	39.1	39.6	38.1	37.1	33.4	31.6	-1.8
College Plans:								
None or under 4 yrs	NA	46.3	46.2	44.6	43.0	39.6	38.1	-1.5
Complete 4 yrs	NA	29.8	29.4	27.4	26.0	22.3	22.3	0.0
Region:								
Northeast	40.1	41.8	43.0	40.6	37.0	34.1	31.5	-2.6
North Central	39.5	41.3	40.5	39.0	36.6	31.5	32.4	+0.9
South	36.2	39.1	37.6	35.7	35.4	31.8	28.9	-2.9
West	26.3	28.3	27.7	27.3	24.8	21.2	21.8	+0.6
Population Density:								
Large SMSA	39.7	40.4	40.9	37.5	33.4	31.2	30.6	-0.6
Other SMSA	35.1	35.9	36.1	34.3	33.5	29.7	27.4	-2.3
Non-SMSA	36.7	40.9	39.2	39.4	36.4	30.9	30.9	0.0

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 12-4

Cigarettes: Trends in Thirty-Day Use of Half-Pack a Day or More by Subgroups

	Percent who smoked half-pack a day or more in last thirty days							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	17.9	19.2	19.4	18.8	16.5	14.3	13.5	-0.8
Sex:								
Male	19.6	19.9	19.7	18.9	15.4	13.5	12.8	-0.7
Female	16.1	18.0	18.9	18.0	17.1	14.7	13.8	-0.9
College Plans:								
None or under 4 yrs	NA	25.5	26.9	25.5	23.3	21.2	20.8	-0.4
Complete 4 yrs	NA	11.9	11.2	11.1	9.8	8.2	7.5	-0.7
Region:								
Northeast	22.0	22.5	24.2	23.6	19.8	17.0	16.6	-0.4
North Central	18.8	20.3	20.3	19.8	17.4	15.4	16.0	+0.6
South	16.8	19.0	18.5	17.0	16.1	14.5	12.0	-2.5s
West	11.3	12.4	11.5	12.2	10.8	8.3	7.3	-1.0
Population Density:								
Large SMSA	21.7	20.1	20.4	19.7	16.2	14.8	15.4	+0.6
Other SMSA	17.4	18.9	18.8	17.9	16.5	13.8	12.4	-1.4
Non-SMSA	15.9	19.0	19.5	19.3	16.7	14.7	13.6	-1.1

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C; current year numbers are also in the first table in this chapter.

See Appendix D for definition of variables in table.

NA indicates data not available.

TABLE 12-5

Cigarettes: Frequency of Use in Past Thirty Days by Subgroups, Class of 1981

(Entries are percentages which sum horizontally)

	Number of cases	Not at all	Under 1 per day	1-5 per day	About ½ pack a day	About 1 pack a day	About 1½ pack a day	2 or more pack a day
All seniors	17500	70.6	9.1	6.7	6.4	5.6	1.2	0.3
Sex:								
Male	8400	73.5	8.4	5.3	5.8	5.6	1.1	0.3
Female	8600	68.4	9.9	8.0	6.8	5.5	1.2	0.2
College Plans:								
None or under 4 yrs	6700	61.9	8.7	8.6	9.3	9.0	2.0	0.5
Complete 4 yrs	9700	77.7	9.4	5.3	3.9	2.9	0.6	0.1
Region:								
Northeast	4100	68.5	8.2	6.7	7.3	7.3	1.6	0.4
North Central	5300	67.6	9.4	6.9	7.2	6.9	1.5	0.4
South	5300	71.1	9.8	7.1	6.3	4.6	1.1	0.1
West	2800	78.2	8.6	5.9	4.0	2.7	0.4	0.1
Population Density:								
Large SMSA	4500	69.4	8.7	6.5	6.7	6.6	1.7	0.3
Other SMSA	7100	72.6	8.4	6.6	6.3	5.0	0.8	0.3
Non-SMSA	5900	69.1	10.2	7.1	6.4	5.6	1.4	0.2

NOTE: See Appendix D for definition of variables.

TABLE 12-6

Cigarettes: Trends in Frequency of Use for Lifetime and Last Thirty Days and in Probability of Future Use

(Entries are percentages)

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Lifetime use							
Never	26.4	24.6	24.3	24.7	26.0	29.0	29.0
Once or twice	26.8	25.8	26.7	27.1	28.1	29.7	30.9
Occasionally but not regularly	16.4	16.9	16.4	16.2	16.5	15.5	16.1
Regularly in the past	8.6	9.2	8.8	9.1	9.2	8.4	7.7
Regularly now	21.9	23.5	23.8	22.8	20.3	17.4	16.4
N =	(10373)	(16107)	(17929)	(18461)	(16237)	(16078)	(17814)
Use in last thirty days							
Not at all	63.3	61.2	61.6	63.3	65.6	69.5	70.6
Under 1 per day	9.8	10.0	9.6	9.2	9.0	9.1	9.1
1-5 per day	9.0	9.5	9.4	8.8	8.9	7.0	6.7
About ½ pack/day	8.3	9.3	9.1	9.0	8.0	6.9	6.4
About 1 pack/day	7.3	7.9	8.1	7.7	6.7	5.9	5.6
About 1½ pack/day	1.9	1.7	1.8	1.7	1.5	1.2	1.2
2 or more pack/day	0.4	0.3	0.4	0.3	0.2	0.3	0.3
N =	(10315)	(16079)	(17902)	(18429)	(16215)	(16056)	(17794)
Probability of future use							
Definitely will not	40.6	50.2	51.0	54.5	57.4	60.4	59.0
Probably will not	31.0	28.1	29.4	28.2	27.5	26.1	27.2
Probably will	27.4	20.5	18.2	16.6	14.4	12.8	13.1
Definitely will	1.0	1.2	1.4	0.6	0.6	0.7	0.7
N =	(2259)	(3262)	(3624)	(3717)	(3315)	(3245)	(3557)

TABLE 12-7

Cigarettes: Trends in Grade in Which First Used

	Percent reporting first use in each grade						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Sixth grade (or below)	2.0	2.4	2.7	3.5	3.5	3.0	2.9
Seventh or Eighth grade	5.7	6.7	9.1	9.3	8.9	7.2	6.9
Ninth grade	6.6	8.5	8.1	7.5	6.0	5.8	5.2
Tenth grade	7.8	6.5	6.2	5.6	4.7	4.7	4.5
Eleventh grade	5.5	6.0	4.4	4.3	3.9	3.4	3.1
Twelfth grade	2.8	2.5	2.2	1.8	2.3	1.7	1.5
Never smoked daily	69.6	67.3	67.4	68.0	70.6	74.2	75.9
N[a] =	(3085)	(2901)	(5926)	(5960)	(5428)	(5313)	(5995)

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[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

TABLE 12-8

Cigarettes: Grade in Which First Used by Subgroups, Class of 1981

(Entries are percentages)

		Grade in school						
	Number of Cases (Approx.)	6 or below	7/8	9	10	11	12	Never used
All seniors	6300	2.9	6.9	5.2	4.5	3.1	1.5	75.9
Sex:								
Male	3000	2.7	5.5	4.8	4.2	2.9	1.6	78.3
Female	3200	3.0	8.1	5.4	4.7	3.3	1.4	74.1
College Plans:								
None or under 4 yrs	2400	3.3	10.5	7.5	5.8	4.2	1.4	67.3
Complete 4 yrs	3600	2.3	4.0	3.5	3.1	2.2	1.6	83.1
Region:								
Northeast	1400	2.9	8.1	6.7	5.5	2.6	1.7	72.5
North Central	2000	3.6	8.7	5.5	4.4	3.6	1.2	73.1
South	1900	2.0	5.1	4.9	4.6	3.4	1.9	78.1
West	1000	2.7	5.2	3.5	3.1	2.3	1.1	82.2
Population Density:								
Large SMSA	1500	3.4	8.8	6.0	4.0	2.8	1.7	73.4
Other SMSA	2600	2.8	6.3	4.4	4.9	3.0	1.4	77.2
Non-SMSA	2200	2.4	6.2	5.8	4.3	3.5	1.6	76.3

NOTE: See Appendix D for definition of variables in table.

TABLE 12-9

Cigarettes: Trends in Use Prior to Tenth Grade by Subgroups

	Percent reporting first use prior to tenth grade[a]							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
All seniors	14.3	17.6	19.9	20.3	18.4	16.0	15.0	-1.0
Sex:								
Male	15.8	18.4	20.0	19.5	17.0	13.7	13.0	-0.7
Female	12.6	16.5	19.6	20.6	19.7	18.0	16.5	-1.5
College Plans:								
None or under 4 yrs	NA	22.9	25.9	25.8	24.8	21.0	21.3	+0.3
Complete 4 yrs	NA	11.5	13.4	14.1	12.5	11.5	9.8	-1.7s
Region:								
Northeast	18.7	21.4	23.6	25.4	23.9	17.7	17.7	0.0
North Central	15.4	17.9	20.3	20.3	18.6	18.1	17.8	-0.3
South	11.4	16.5	19.5	19.1	16.8	15.2	12.0	-3.2s
West	11.2	13.6	13.8	14.6	14.0	11.6	11.4	-0.2
Population Density:								
Large SMSA	18.3	18.1	23.0	22.1	18.0	17.9	18.2	+0.3
Other SMSA	14.8	18.1	18.9	19.4	18.9	15.1	13.5	-1.6
Non-SMSA	11.2	16.9	19.0	20.0	17.9	16.0	14.4	-1.6

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

Number of cases for all years can be found in Appendix C.

See Appendix D for definition of variables in table.

NA indicates data not available.

[a] This question was asked in one form only in 1975 and 1976 and in two forms in all subsequent years.

FIGURE 12-1

Cigarettes: Trends in Lifetime Prevalence for Earlier Grade Levels
Based on Retrospective Reports from Seniors

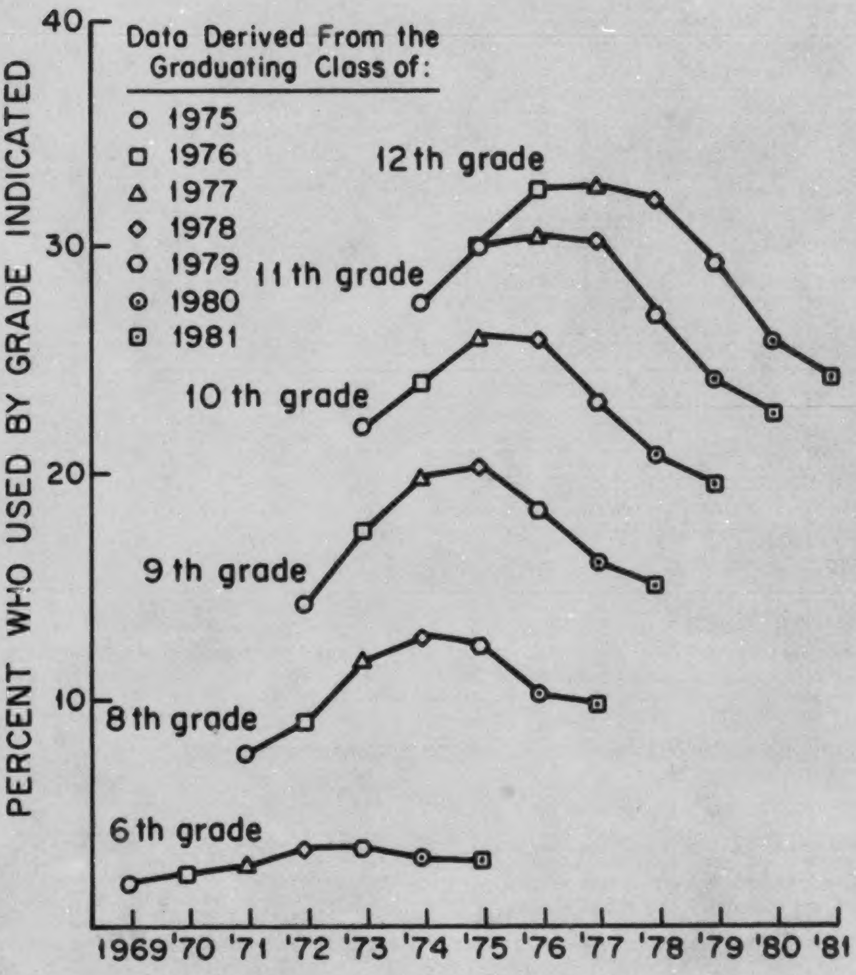
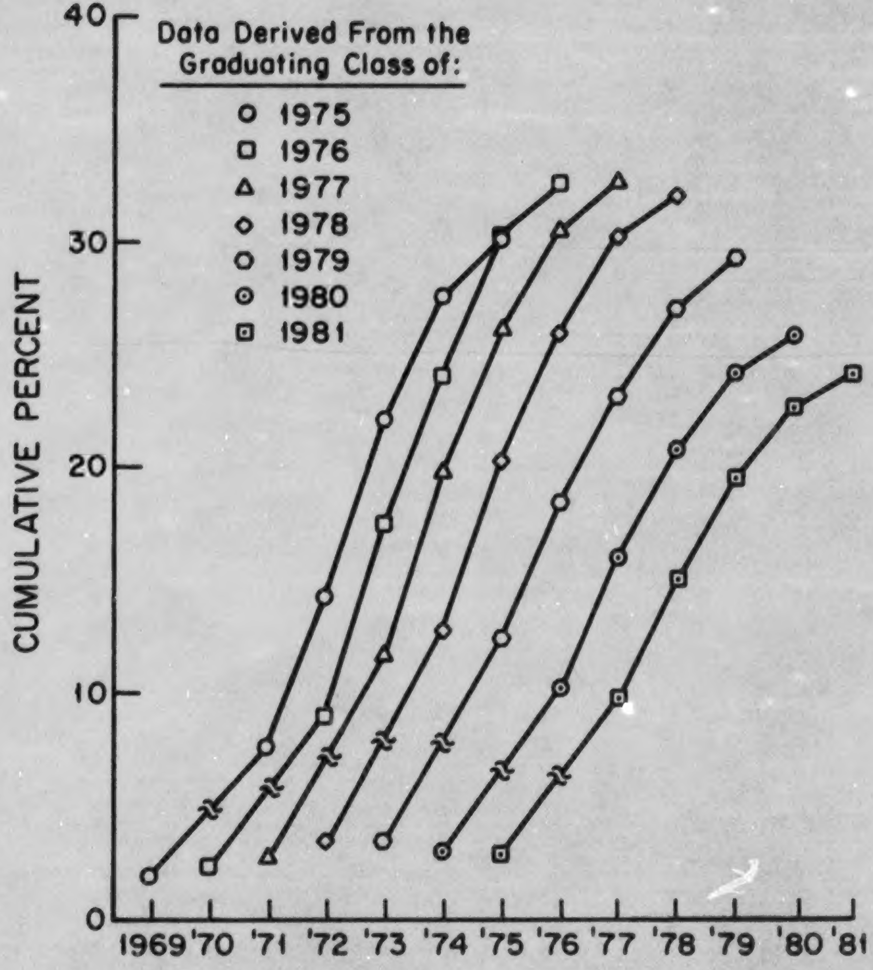


FIGURE 12-2

Cigarettes: Cumulative Lifetime Prevalence for Each Graduating Class by Grade Level



NOTE: Each ascending curve represents the cumulative lifetime prevalence for a single graduating class, with the six sequential points demarcating (from left to right) the following grade levels: 6th, 8th, 9th, 10th, 11th, and 12th.

IV. Attitudes, Beliefs, And The Social Milieu

Chapter 13

ATTITUDES AND BELIEFS ABOUT DRUGS

This section presents the cross-time results for three sets of attitude and belief questions. One set concerns how harmful the students think various kinds of drug use would be for the user, the second concerns how much they personally disapprove of various kinds of drug use, and the third asks about attitudes on the legality of using various drugs under different conditions. (The next section deals with the closely related topics of parents' and friends' attitudes about drugs, as the seniors perceive them.)

As the data below show, overall percentages disapproving various drugs, and the percentages believing their use to involve serious risk, both tend to parallel the percentages of actual users. Thus, for example, of the illicit drugs marijuana is the most frequently used and the least likely to be seen as risky to use. This and many other such parallels suggest that the individuals who use a drug are less likely to disapprove use of it or to view its use as involving risk. However, such a comparison of overall percentages, though strongly suggestive, does not establish that a comparable relationship exists at the individual level. Therefore, an extensive series of individual-level analyses of these data was conducted, and the results confirm that strong correlations exist between individual use of drugs and the various attitudes and beliefs about those drugs. Those seniors who use a given drug also are more likely to approve its use, downplay its risks, and report their own parents and friends as being at least somewhat more accepting of its use.

The attitudes and beliefs about drug use reported below have been changing during recent years, along with actual behavior. In particular, views about marijuana use, and legal sanctions against use, have shown important trends. A number of states have enacted legislation which in essence removes criminal penalties for marijuana use, others have such legislation pending, one (Alaska) has had certain types of use "decriminalized" by judicial decision, and the Carter administration recommended Federal decriminalization. Certainly such events, and also the positions taken by the National Commission on Marijuana and Drug Abuse, the American Bar Association, the American Medical Association, and Consumers Union, likely had an effect on public attitudes, particularly regarding decriminalization. Our trend data suggest that they did.

More recently, scientists, policy makers, parent groups, and in particular the electronic and printed media, have given considerable attention to the increasing levels of regular marijuana use among young people, and to the potential hazards associated with such use. As will be seen below, over the last three years attitudes about regular use of marijuana have shifted dramatically in a more conservative direction—a shift which coincides with a reversal in the previous rapid rise of daily use, and which very likely reflects the impact of this increased public attention.

Perceived Harmfulness of Drugs

Beliefs in 1981 about Harmfulness — Table(s)

- A substantial majority of high school seniors perceive regular use of any of the illicit drugs, other than marijuana, as entailing "great risk" of harm for the user. Some 88% of the sample feel this way about heroin—the highest proportion for — 1

Table(s)

any of these drugs—while 84% associate great risk with using LSD. The proportions attributing great risk to amphetamines, barbiturates, and cocaine are all around 70%.

- Regular use of cigarettes (i.e., one or more packs a day) is judged by the majority (63%) as entailing a great risk of harm for the user. 1
- Regular use of marijuana is judged to involve great risk by 58% of the sample, only slightly fewer than judge cigarette smoking to involve great risk. 1
- Regular use of alcohol was more explicitly defined in several questions. Very few (22%) associate much risk of harm with having one or two drinks almost daily. Only about a third (36%) think there is great risk involved in having five or more drinks once or twice each weekend. Considerably more (65%) think the user takes a great risk in consuming four or five drinks nearly every day, as would be expected. 1
- Compared with the above perceptions about the risks of regular use of each drug, many fewer respondents feel that a person runs a "great risk" of harm by simply trying the drug once or twice. 1
- Very few think there is much risk in using marijuana experimentally (13%) or even occasionally (19%). 1
- Experimental use of the other illicit drugs, however, is still viewed as risky by a substantial proportion. The percentage associating great risk with experimental use ranges from about 26% for amphetamines and barbiturates to 53% for heroin. 1
- Practically no one (5%) believes there is much risk involved in trying an alcoholic beverage once or twice. 1

Trends in Perceived Harmfulness

- Several very important trends have been taking place over the last five years in these beliefs about the dangers associated with using various drugs. 1 Fig 1,2
- One of the most important involves marijuana. From 1975 through 1978 there had been a decline in the harmfulness perceived to be associated with all levels of marijuana use; but in 1979, for the first time, there was an increase in these proportions—an increase which has continued steadily since then. By far the most impressive increase has occurred for regular marijuana use, where there has been a full 23% jump in just three years in the proportion perceiving it as involving great risk—i.e., from 35% in 1978 to 58% in 1981. This is a dramatic change, and it has occurred during a period in which a substantial amount of scientific and media attention has been devoted to the potential dangers of heavy marijuana use. 1 Fig 1

Table(s)

- There also has been an important increase over a longer period in the number who think pack-a-day cigarette smoking involves great risk to the user (from 51% in 1975 to 64% in 1980), although this statistic showed no further increase this year. This shift corresponds with, and to some degree precedes, the downturn in regular smoking found in this age group. 1 Fig 1

- From 1975 to 1979 there had been a modest but consistent trend in the direction of fewer students associating much risk with experimental or occasional use of most of the other illicit drugs. This trend continued this year only for amphetamines, however. Otherwise, there has been little change over the last two years and, if anything, even a slight reversal of previous trends. 1 Fig 2

- The percentage who perceived great risk in trying cocaine once or twice dropped from 43% in 1975 to 31% in 1980, which generally corresponds to a period of rapidly increasing use. But perceived risk has leveled in the last two years, also paralleling a leveling in use. The proportion seeing great risk in regular cocaine use dropped somewhat from 1975 to 1977, but since then has risen a little. 1 Fig 2

- In sum, there has been a sharp reversal in young people's concerns about regular marijuana use—one which began to occur in 1979—and since then there has been a more modest reversal in concerns about less frequent use of the drug and in concerns about experimenting with most other illicit drugs, as well.

Personal Disapproval of Drug Use

A different set of questions was developed to try to measure any general moral sentiment attached to various types of drug use. The phrasing, "Do you disapprove of people (who are 18 or older) doing each of the following" was adopted.

Extent of Disapproval in 1981

- The great majority of these students do not condone regular use of any of the illicit drugs. Even regular marijuana use is disapproved by 77%, and regular use of each of the other illicits receives disapproval from between 91% and 98% of today's high school seniors. 2

- Smoking a pack (or more) of cigarettes per day receives the disapproval of fully 70% of the age group. 2

- Drinking at the rate of one or two drinks daily also receives disapproval from two-thirds of the seniors (69%). A curious finding is that weekend binge drinking (five or more drinks once or twice each weekend) is acceptable to more seniors than is moderate daily drinking. While only 56% disapprove 1,2

Table(s)

of having five or more drinks once or twice a weekend, 69% disapprove of having one or two drinks daily. This is in spite of the fact that they associate greater risk with weekend binge drinking (36%) than with the daily drinking (22%). One possible explanation for these seemingly inconsistent findings may stem from the fact that a greater proportion of this age group are themselves weekend binge drinkers rather than regular daily drinkers. They have thus expressed attitudes accepting of their own behavior, even though they may be somewhat inconsistent with their beliefs about possible consequences.

- For all drugs fewer people indicate disapproval of experimental or occasional use than of regular use, as would be expected. The differences are not great, however, for the illicit drugs other than marijuana. For example, 75% disapprove experimenting with cocaine vs. 91% who disapprove its regular use. 2

- For marijuana, however, the rate of disapproval varies substantially for different usage habits. Only about four out of every ten (40%) disapprove of trying marijuana and only half (53%) disapprove of occasional use of the drug, while three-quarters (77%) disapprove of regular use. 2

Trends in Disapproval

- Between 1975 and 1977 there was a substantial decrease in disapproval of marijuana use at any level of frequency. About 14% fewer seniors in the class of 1977 (compared with the class of 1975) disapproved of experimenting, 11% fewer disapproved of occasional use, and 6% fewer disapproved of regular use. Since 1977, however, there has been a substantial reversal of that trend, with disapproval of experimental use having risen by 7%, disapproval of occasional use by 8%, and disapproval of regular use by 12%. These changes are continuing again this year. 2

- Until this year the proportion of seniors who disapproved trying amphetamines remained extremely stable (at 75%), but in 1981 there was a 4% drop. In this case, a change in disapproval lagged a change in actual usage levels. 2

- During recent years personal disapproval for experimenting with barbiturates has been increasing (from 78% in 1975 to 84% in 1979); and over recent years disapproval for regular cigarette smoking also has been increasing (from 66% in 1976 to 71% in 1980). Both of these changes coincide with reductions in actual use. However, over the past two years both disapproval measures have remained virtually unchanged, corresponding to a leveling in barbiturate use and a deceleration in the rate of decline for cigarette smoking. 2

Table(s)

- Disapproval of experimental use of cocaine had declined somewhat, from a high of 82% in 1976 down to 75% in 1979. But in the last two years, disapproval has leveled, along with both the perceived risk and the actual use of cocaine. 1,2

- The small minority who disapprove of trying alcohol once or twice (22% in 1975) had become even smaller by 1977 (16%), but has remained relatively unchanged since. 2

Attitudes Regarding the Legality of Drug Use

Since the legal restraints on drug use appeared likely to be in a state of flux for some time, we decided at the beginning of the study to measure attitudes about legal sanctions. Table 3 presents a statement of one set of general questions on this subject along with the answers provided by each senior class. The set lists a sampling of illicit and licit drugs and asks whether their use should be prohibited by law. A distinction is consistently made between use in public and use in private—a distinction which proved quite important in the results.

Attitudes in 1981

- Fully 43% believe that cigarette smoking in public places should be prohibited by law—almost as many as think getting drunk in such places should be prohibited (49%). 3

- Two-thirds (67%) favor legally prohibiting marijuana use in public places, despite the fact that the majority have used marijuana themselves; but only about a third (35%) feel that way about marijuana use in private. 3

- In addition, the great majority believe that the use in public of other illicit drugs than marijuana should be prohibited by law (e.g., 74% in the case of amphetamines and barbiturates, 82% for heroin). 3

- For all drugs, substantially fewer students believe that use in private settings should be illegal. 3

Trends in These Attitudes

- From 1975 through 1977 there was a modest decline (from 4% to 9%, depending on the substance) in the proportion of seniors who favored legal prohibition of private use of any of the illicit drugs. Now, however, the evidence suggests that these downward trends have halted and in some cases reversed. 3

- This year there was a sharp jump (from 29% to 35%) in the proportion favoring legal prohibition of marijuana use in private. 3

- There also has developed increased support since 1978 for the prohibition of marijuana use in public (up from 60% in 1978 to 67% this year). 3

The Legal Status of Marijuana

Another set of questions goes into more detail about what legal sanctions, if any, students think should be attached to the use and sale of marijuana. Respondents also are asked to guess how they would be likely to react to legalized use and sale of the drug. While the answers to such a question must be interpreted cautiously, we think it worth exploring how young people think they might respond to such changes in the law. (The questions and responses are shown in Table 4.)

Attitudes and Predicted Response to Legalization: 1981	Table(s)
• Only about one quarter of the seniors believe marijuana use should be entirely legal (23%). About three out of ten (29%) feel it should be treated as a minor violation—like a parking ticket—but not as a crime. Another 15% indicate no opinion, leaving about one-third (32%) who feel it still should be a crime. In other words, of those expressing an opinion, over six in ten believe that marijuana use should not be treated as a criminal offense.	4
• Asked whether they thought it should be legal to sell marijuana if it were legal to use it, a majority (59%) said "yes." However, nearly all of these respondents would permit sale only to adults, thus suggesting more conservatism on this subject than might generally be supposed.	4
• High school seniors predict that they would be little affected by the legalization of both the sale and use of marijuana. Over half of the respondents (55%) say that they would not use the drug even if it were legal to buy and use, and another 27% indicate they would use it about as often as they do now, or less. Only 5% say they would use it more often than at present and only another 6% say they would try it. Some 7% say they do not know how they would react.	4

Trends in Attitudes and Predicted Responses

• Between 1976 and 1979 seniors' preferences for decriminalization or legalization remained fairly constant; but in the past two years there was a sharp drop in the proportion favoring outright legalization (down from 32% in 1979 to 23% in 1981), while there was a corresponding increase in the proportion saying marijuana use should be a crime.	4
• Also reflecting the recent increased conservatism about marijuana, somewhat fewer now would support legalized sale even if use were to be made legal (down from 65% in 1979 to 59% in 1981).	4
• The predictions about personal marijuana use, if sale and use were legalized, have been quite similar for all six high school classes. The slight shifts being observed are mostly attributable to the changing proportions of seniors who actually use marijuana.	4

TABLE 13-1

Trends in Perceived Harmfulness of Drugs

	Percent saying "great risk"[a]							
Q. How much do you think people risk harming themselves (physically or in other ways), if they...	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
Try marijuana once or twice	15.1	11.4	9.5	8.1	9.4	10.0	13.0	+3.0ss
Smoke marijuana occasionally	18.1	15.0	13.4	12.4	13.5	14.7	19.1	+4.4sss
Smoke marijuana regularly	43.3	38.6	36.4	34.9	42.0	50.4	57.6	+7.2sss
Try LSD once or twice	49.4	45.7	43.2	42.7	41.6	43.9	45.5	+1.6
Take LSD regularly	81.4	80.8	79.1	81.1	82.4	83.0	83.5	+0.5
Try cocaine once or twice	42.6	39.1	35.6	33.2	31.5	31.3	32.1	+0.8
Take cocaine regularly	73.1	72.3	68.2	68.2	69.5	69.2	71.2	+2.0
Try heroin once or twice	60.1	58.9	55.8	52.9	50.4	52.1	52.9	+0.8
Take heroin occasionally	75.6	75.6	71.9	71.4	70.9	70.9	72.2	+1.3
Take heroin regularly	87.2	88.6	86.1	86.6	87.5	86.2	87.5	+1.3
Try amphetamines once or twice	35.4	33.4	30.8	29.9	29.7	29.7	26.4	-3.3s
Take amphetamines regularly	69.0	67.3	66.6	67.1	69.9	69.1	66.1	-3.0s
Try a barbiturate once or twice	34.8	32.5	31.2	31.3	30.7	30.9	28.4	-2.5
Take barbiturates regularly	69.1	67.7	68.6	68.4	71.6	72.2	69.9	-2.3
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	5.3	4.8	4.1	3.4	4.1	3.8	4.6	+0.8
Take one or two drinks nearly every day	21.5	21.2	18.5	19.6	22.6	20.3	21.6	+1.3
Take four or five drinks nearly every day	63.5	61.0	62.9	63.1	66.2	65.7	64.5	-1.2
Have five or more drinks once or twice each weekend	37.8	37.0	34.7	34.5	34.9	35.9	36.3	+0.4
Smoke one or more packs of cigarettes per day	51.3	56.4	58.4	59.0	63.0	63.7	63.3	-0.4
N =	(2804)	(3225)	(3570)	(3770)	(3250)	(3234)	(3604)	

NOTE: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

[a] Answer alternatives were: (1) No risk, (2) Slight risk, (3) Moderate risk, (4) Great risk, and (5) Can't say, Drug unfamiliar.

TABLE 13-2

Trends in Proportions Disapproving of Drug Use

	Percent "disapproving"[a]							
Q. Do you disapprove of people (who are 18 or older) doing each of the following?[b]	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
Try marijuana once or twice	47.0	38.4	33.4	33.4	34.2	39.0	40.0	+1.0
Smoke marijuana occasionally	54.8	47.8	44.3	43.5	45.3	49.7	52.6	+2.9
Smoke marijuana regularly	71.9	69.5	65.5	67.5	69.2	74.6	77.4	+2.8s
Try LSD once or twice	82.8	84.6	83.9	85.4	86.6	87.3	86.4	-0.9
Take LSD regularly	94.1	95.3	95.8	96.4	96.9	96.7	96.8	+0.1
Try cocaine once or twice	81.3	82.4	79.1	77.0	74.7	76.3	74.6	-1.7
Take cocaine regularly	93.3	93.9	92.1	91.9	90.8	91.1	90.7	-0.4
Try heroin once or twice	91.5	92.6	92.5	92.0	93.4	93.5	93.5	0.0
Take heroin occasionally	94.8	96.0	96.0	96.4	96.8	96.7	97.2	+0.5
Take heroin regularly	96.7	97.5	97.2	97.8	97.9	97.6	97.8	+0.2
Try amphetamines once or twice	74.8	75.1	74.2	74.8	75.1	75.4	71.1	-4.3ss
Take amphetamines regularly	92.1	92.8	92.5	93.5	94.4	93.0	91.7	-1.3
Try barbiturates once or twice	77.7	81.3	81.1	82.4	84.0	83.9	82.4	-1.5
Take barbiturates regularly	93.3	93.6	93.0	94.3	95.2	95.4	94.2	-1.2
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	21.6	18.2	15.6	15.6	15.8	16.0	17.2	+1.2
Take one or two drinks nearly every day	67.6	68.9	66.8	67.7	68.3	69.0	69.1	+0.1
Take four or five drinks nearly every day	88.7	90.7	88.4	90.2	91.7	90.8	91.8	+1.0
Have five or more drinks once or twice each weekend	60.3	58.6	57.4	56.2	56.7	55.6	55.5	-0.1
Smoke one or more packs of cigarettes per day	67.5	65.9	66.4	67.0	70.3	70.8	69.9	-0.9
N =	(2677)	(3234)	(3582)	(3686)	(3221)	(3261)	(3610)	

NOTE: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

[a] Answer alternatives were: (1) Don't disapprove, (2) Disapprove, and (3) Strongly disapprove. Percentages are shown for categories (2) and (3) combined.

[b] The 1975 question asked about people who are "*20 or older*."

TABLE 13-3

Trends in Attitudes Regarding Legality of Drug Use

	Percent saying "yes"[a]							
Q. Do you think that people (who are 18 or older) should be prohibited by law from doing each of the following?[b]	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
Smoke marijuana in private	32.8	27.5	26.8	25.4	28.0	28.9	35.4	+6.5sss
Smoke marijuana in public places	63.1	59.1	58.7	59.5	61.8	66.1	67.4	+1.3
Take LSD in private	67.2	65.1	63.3	62.7	62.4	65.8	62.6	-3.2s
Take LSD in public places	85.8	81.9	79.3	80.7	81.5	82.8	80.7	-2.1
Take heroin in private	76.3	72.4	69.2	68.8	68.5	70.3	68.8	-1.5
Take heroin in public places	90.1	84.8	81.0	82.5	84.0	83.8	82.4	-1.4
Take amphetamines or barbiturates in private	57.2	53.5	52.8	52.2	53.4	54.1	52.0	-2.1
Take amphetamines or barbiturates in public places	79.6	76.1	73.7	75.8	77.3	76.1	74.2	-1.9
Get drunk in private	14.1	15.6	18.6	17.4	16.8	16.7	19.6	+2.9s
Get drunk in public places	55.7	50.7	49.0	50.3	50.4	48.3	49.1	+0.8
Smoke cigarettes in certain specified public places	NA	NA	42.0	42.2	43.1	42.8	43.0	+0.2
N =	(2620)	(3265)	(3629)	(3783)	(3288)	(3224)	(3611)	

NOTE: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

[a] Answer alternatives were: (1) No, (2) Not sure, and (3) Yes.

[b] The 1975 question asked about people who are "*20 or older*."

TABLE 13-4

Trends in Attitudes Regarding Marijuana Laws

(Entries are percentages)

Q. There has been a great deal of public debate about whether marijuana use should be legal. Which of the following policies would you favor?	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Using marijuana should be entirely legal	27.3	32.6	33.6	32.9	32.1	26.3	23.1
It should be a minor violation like a parking ticket but not a crime	25.3	29.0	31.4	30.2	30.1	30.9	29.3
It should be a crime	30.5	25.4	21.7	22.2	24.0	26.4	32.1
Don't know	16.8	13.0	13.4	14.6	13.8	16.4	15.4
N =	(2617)	(3264)	(3622)	(3721)	(3278)	(3211)	(3593)
Q. If it were legal for people to USE marijuana, should it also be legal to SELL marijuana?							
No	27.8	23.0	22.5	21.8	22.9	25.0	27.7
Yes, but only to adults	37.1	49.8	52.1	53.6	53.2	51.8	48.6
Yes, to anyone	16.2	13.3	12.7	12.0	11.3	9.6	10.5
Don't know	18.9	13.9	12.7	12.6	12.6	13.6	13.2
N =	(2616)	(3279)	(3628)	(3719)	(3280)	(3210)	(3599)
Q. If marijuana were legal to use and legally available, which of the following would you be most likely to do?							
Not use it, even if it were legal and available	53.2	50.4	50.6	46.4	50.2	53.3	55.2
Try it	8.2	8.1	7.0	7.1	6.1	6.8	6.0
Use it about as often as I do now	22.7	24.7	26.8	30.9	29.1	27.3	24.8
Use it more often than I do now	6.0	7.1	7.4	6.3	6.0	4.2	4.7
Use it less than I do now	1.3	1.5	1.5	2.7	2.5	2.6	2.5
Don't know	8.5	8.1	6.6	6.7	6.1	5.9	6.9
N =	(2602)	(3272)	(3625)	(3711)	(3277)	(3210)	(3598)

FIGURE 13-1

Trends in Perceived Harmfulness: Marijuana and Cigarettes

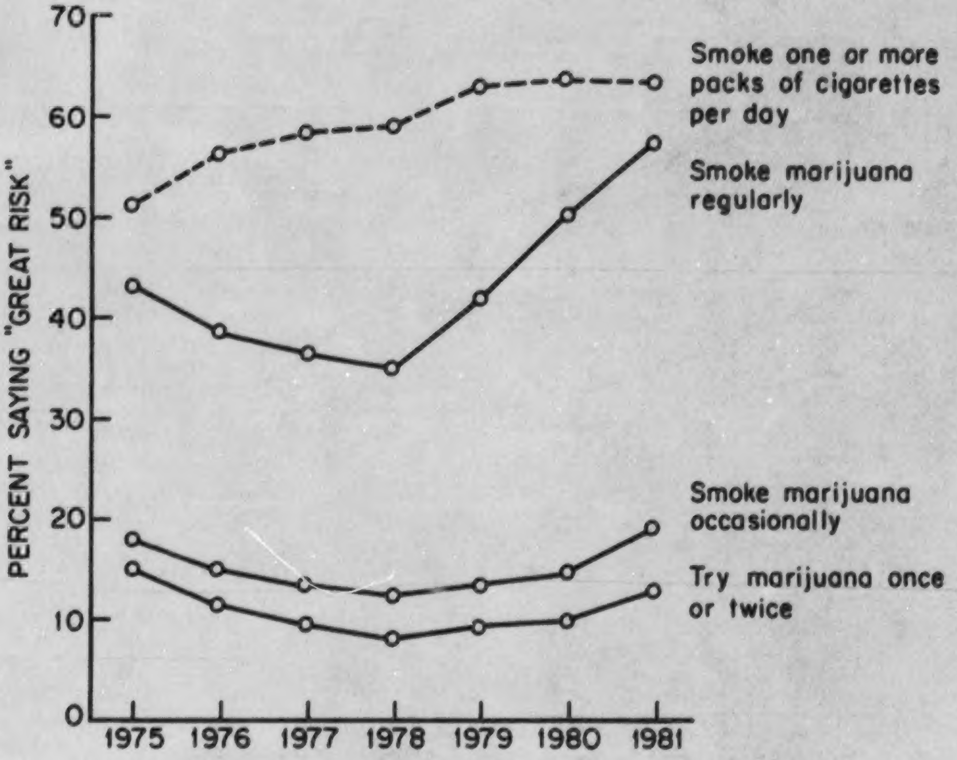
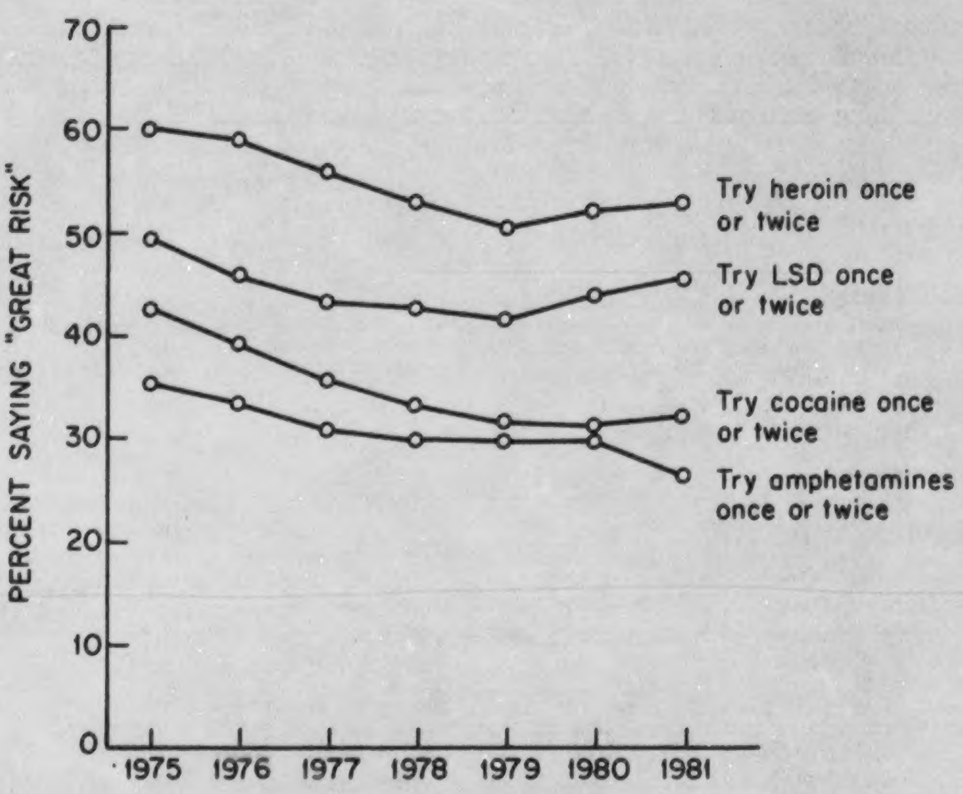


FIGURE 13-2

Trends in Perceived Harmfulness: Other Drugs



Chapter 14

THE SOCIAL MILIEU

The preceding section dealt with seniors' attitudes about various forms of drug use. Attitudes about drugs, as well as drug-related behaviors, obviously do not occur in a social vacuum. Drugs are discussed in the media; they are a topic of considerable interest and conversation among young people; they are also a matter of much concern to parents, concern which often is strongly communicated to their children. Young people are known to be affected by the actual drug-taking behaviors of their friends and acquaintances, as well as by the availability of the various drugs. This section presents data on several of these relevant aspects of the social milieu.

We begin with two sets of questions about parental and peer attitudes, questions which closely parallel the questions about respondents' own attitudes about drug use, discussed in the preceding section. Since parental attitudes are now only included in the survey intermittently, those discussed here are based on the 1979 results.

Perceived Attitudes of Parents and Friends

Current Perceptions of Parental Attitudes

Table(s)

- Based on our most recent (1979) measures of perceived parental attitudes, a large majority of seniors feel that their parents would disapprove or strongly disapprove of their exhibiting any of the drug use behaviors shown in Table 14-1. 1 Fig 1,2
- Over 97% of seniors say that their parents would disapprove or strongly disapprove of their smoking marijuana regularly, even trying LSD or amphetamines, or having four or five drinks every day. (Although the questions did not include more frequent use of LSD or amphetamines, or any use of heroin, it is obvious that if such behaviors were included in the list virtually all seniors would indicate parental disapproval.) 1
- While respondents feel that marijuana use would receive the least parental disapproval of all of the illicit drugs, even experimenting with it still is seen as a parentally disapproved activity by the great majority of the seniors (85%). Assuming that the students are generally correct about their parents' attitudes, these results clearly show that there remains a rather massive generational difference of opinion about this drug. 1
- Also likely to be perceived as rating high parental disapproval (around 92% disapproval) are occasional marijuana use, taking one or two drinks nearly every day, and pack-a-day cigarette smoking. 1

Table(s)

- Slightly lower proportions of seniors (85%) think their parents would disapprove of their having five or more drinks once or twice every weekend. This happens to be exactly the same percentage as say their parents would disapprove of simply experimenting with marijuana. 1

Current Perceptions of Friends' Attitudes

- A parallel set of questions asked respondents to estimate their friends' attitudes about drug use. These questions ask "How do you think your close friends feel (or would feel) about you ...". The highest levels of disapproval are associated with heavy daily drinking (86% think friends would disapprove), trying LSD (87%), and trying an amphetamine (74%). Presumably, if heroin were on the list it would receive the highest peer disapproval; and, judging from respondents' own attitudes, barbiturates and cocaine would be roughly as unpopular among peers as amphetamines. 2 Fig 1,2
- A substantial majority think their friends would disapprove if they smoked marijuana regularly (75%), or smoked a pack or more of cigarettes daily (74%). 2
- While heavy drinking on weekends is judged by half (50%), to be disapproved by their friends, most (70%) think sustained daily drinking would be disapproved. 2
- Over half (56%) feel that friends would disapprove of occasional marijuana smoking and slightly fewer (46%) feel their friends would disapprove trying marijuana once or twice. 2
- In sum, peer norms differ considerably for the various drugs and for varying degrees of involvement with those drugs, but overall they tend to be relatively conservative. The great majority of seniors have friendship circles which do not condone use of the illicit drugs other than marijuana, and three-fourths feel that their friends would disapprove of regular marijuana use. 2

A Comparison of the Attitudes of Parents, Peers, and Respondents Themselves

- A comparison of the perceptions of friends' disapproval with perceptions of parents' disapproval shows several interesting things.
- First there is rather little variability among different students in their perceptions of their parent's attitudes: on any of the drug behaviors listed nearly all say their parents would disapprove. Nor is there much variability among the different drugs in perceived parental attitudes. Peer norms vary much more from drug to drug. The net effect of these facts is likely to be that peer norms have a much greater 1,2

chance of explaining variability in the respondent's own individual attitudes or use than parental norms, simply because the peer norms vary more.

- Despite there being less variability in parental attitudes, the ordering of drug use behaviors is much the same for them as for peers (e.g., among the illicit drugs the highest frequencies of perceived disapproval are for trying LSD, next for trying amphetamines, and the lowest frequencies are for trying marijuana). 1,2 Fig 1,2

- A comparison with the seniors' own attitudes regarding drug use (see Figures 1 and 2) reveals that on the average they are much more in accord with their peers than with their parents. The differences between seniors' own disapproval ratings and those attributed to their parents tend to be large, with parents seen as more conservative overall in relation to every drug, licit or illicit. The largest difference occurs in the case of marijuana experimentation, where only 40% say they disapprove but in 1979 85% said their parents would. Fig 1,2

Trends in Perceptions of Parents' and Friends' Views

- Several important changes in the perceived attitudes of others have been taking place recently—and particularly among peers. These shifts are presented graphically in Figures 1 and 2. As can be seen in those figures, adjusted (dotted) trend lines have been introduced before 1980. This was done because we discovered that the deletion in 1980 of the questions about parents' attitudes—which up until then had immediately preceded friends' attitudes in the questionnaire—removed an artifactual depression of the answers on friends' use, a phenomenon known as a question-context effect. This effect was particularly evident in the trend lines dealing with alcohol use, where an abrupt upward shift occurred in 1980 in otherwise smooth lines. It appears that when questions about parents' attitudes were present, respondents tended to understate peer disapproval in order to emphasize the difference in attitudes between their parents and their peers. In the adjusted lines, we have attempted to correct for that artifactual depression in the 1975, 1977, and 1979 scores.* We think the adjusted trend lines give a more 2 Fig 1,2

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*The correction evolved as follows. We assumed that a more accurate estimate of the true change between 1979 and 1980 could be obtained by taking an average of the changes observed in the year prior and the year subsequent, rather than by taking the observed change (which we knew to contain the effect of a change in question content). We thus calculated an adjusted 1979-1980 change score by taking an average of one half the 1977-1979 change score (our best estimate of the 1978-79 change) plus the 1980-1981 char e. This estimated change score was then subtracted from the observed change score for 1979-80, the difference being our estimate of the amount by which peer disapproval of the behavior in question was being understated because of the context in which the questions occurred prior to 1980. The 1975, 1977, and 1979 observations were then adjusted upward by the amount of that correction factor. (Table 2 shows the correction factors in the first column.)

Table(s)

accurate picture of the change taking place. For some reason, the question-context effect seems to have more influence on the questions dealing with cigarettes and alcohol than on those dealing with illicit drugs.

- For each level of marijuana use—trying once or twice, occasional use, regular use—there had been a drop in perceived disapproval for both parents and friends up until 1977 or 1978. We know from our other findings that these perceptions correctly reflected actual shifts in the attitudes of their peer groups—that is, that acceptance of marijuana was in fact increasing among seniors (see Figure 1). There is little reason to suppose such perceptions are less accurate in reflecting shifts in parents' attitudes. Therefore, we conclude that the social norms regarding marijuana use among adolescents had been relaxing. However, consistent with the seniors' reports about their own attitudes, the liberal shift in these social norms has sharply reversed in the last several years, especially among peers. 1,2 Fig 1

- Until the past year there had been relatively little change in either self-reported or perceived peer attitudes toward amphetamine use, but in 1981 both measures showed significant and parallel drops in disapproval (as use rose sharply). 2, 13-2 Fig 1

- Perceived parental norms regarding most drugs other than marijuana showed little or no change (between 1975 and 1979, where data are available); peer norms for LSD have been quite stable since 1975. 1,2 Fig 1

- By far the largest change in perceptions of peer norms had been occurring in relation to regular cigarette smoking. The proportion of seniors saying that their friends would disapprove of them smoking a pack-a-day or more rose from 64% (adjusted version) in 1975 to 74% in 1980. This year, however, there was no further change in seniors' perceptions of peer disapproval for smoking, just as there was no further change in their own reported attitudes. 2 Fig 2

- For alcohol, perceived peer norms have moved very much in parallel with seniors' own levels of use and statements of disapproval. Heavy daily drinking is seen as remaining disapproved by the great majority. Weekend binge drinking showed some modest decline in disapproval up through 1980. Since then it has remained level. 2 Fig 2

Exposure to Drug Use by Friends and Others

It is generally agreed that much of youthful drug use is initiated through a peer social-learning process; and research has shown a high correlation between an individual's illicit drug use and that of his or her friends. Such a correlation can, and probably does, reflect several different causal patterns: (a) a person with friends who use a drug will be more likely to try the drug; (b) conversely, the individual who is already using a drug will be likely to introduce friends to the experience; and (c) one who is already a user is more likely to establish friendships with others who also are users.

Given the potential importance of exposure to drug use by others, we felt it would be useful to monitor seniors' association with others taking drugs, as well as seniors' perceptions about the extent to which their friends use drugs. Two sets of questions, each covering all or nearly all of the categories of drug use treated in this report, asked seniors to indicate (a) how often during the past twelve months they were around people taking each of the drugs to get high or for "kicks," and (b) what proportion of their own friends use each of the drugs. (The questions dealing with friends' use are shown in Tables 3 to 5. The data dealing with direct exposure to use may be found in Tables 6 and 7.) Obviously, responses to these two questions are highly correlated with the respondents' own drug use; thus, for example, seniors who have recently used marijuana are much more likely to report that they have been around others getting high on marijuana, and that most of their friends use it.

Exposure to Drug Use in 1981

	Table(s)
• A comparison of responses about friends' use, and about being around people in the last twelve months who were using various drugs to get high, reveals a high degree of correspondence between these two indicators of exposure. For each drug, the proportion of respondents saying "none" of their friends use it is fairly close to the proportion who say that during the last twelve months they have not been around anyone who was using that drug to get high. Similarly, the proportion saying they are "often" around people getting high on a given drug is roughly the same as the proportion reporting that "most" or "all" of their friends use that drug.	3,6
• Reports of exposure and friends' use closely parallel the figures on seniors' own use (compare Figure A in Chapter 1 and Figure 14-3. It thus comes as no surprise that the highest levels of exposure involve *alcohol* (a majority (61%) say they are "often" around people using it to get high). What *may* come as a surprise is that fully 29% of all seniors say that most or all of their friends go so far as to *get drunk* at least once a week. (This *is* consistent, however, with the fact that 41% said they personally had taken five or more drinks in a row during the prior two weeks.)	3,6 Fig 3
• The drug to which students are next most frequently exposed is *marijuana*. Some 33% are "often" around people using it to get high, and another 27% are exposed "occasionally." Only 20% report no exposure during the year.	6
• *Amphetamines*, the most widely used class of illicit drugs other than marijuana, is also the one to which seniors are next most often exposed. About half of all seniors (50%) have been around someone using them to get high over the past year, and 12% say they are "often" around people doing this.	6
• For the *remaining illicit drugs* there are far lower rates, with *any* exposure to use in the past year ranging from 36% for cocaine, down to 7% for heroin.	6

Subgroup Differences in Friends' Use — Table(s)

- The subgroup differences in proportions of friends using marijuana, alcohol, and cigarettes—the drugs included in the table—closely parallel subgroup differences in self-reported use, as would be expected. 5

Recent Trends in Exposure to Drug Use

- During the two-year interval from 1976 to 1978, seniors' reports of exposure to marijuana use increased in just about the same proportion as percentages on actual monthly use. In 1979 both exposure to use and actual use stabilized; and since 1979 both have been dropping. The proportion saying they are often around people using marijuana dropped from 39% to 33% between 1979 and 1981. 7
- Following a somewhat similar pattern, cocaine had a consistent increase from 1976 to 1979 in the proportions exposed to users. Since 1979, however, both exposure and use have remained fairly stable. 7
- Over the last two years there have been statistically significant decreases in exposure to others using tranquilizers, and psychedelics other than LSD which coincide with continued declines in the self-reported use of these drugs. 7
- There also had been a gradual decrease in exposure to barbiturates and LSD through 1980; but both were virtually unchanged this year, as were the usage figures for those drugs. 7
- Trend data are only available since 1979 on friends' use of PCP or the nitrites. For both drugs, exposure to friends' use has dropped significantly over the last two years. Nearly 11% fewer seniors in 1981 (17%) say any of their friends use PCP than was true as recently as 1979 (28%). The comparable drop for nitrites was from 22% to 17%. 4
- The proportion having some friends who use amphetamines rose some 5% this year on top of a 3% rise last year—thus paralleling the sharp increase in reported use over the period. The proportion saying they are around people using amphetamines "to get high or for kicks" has also changed sharply, particularly this year. This latter finding is important, since it indicates that a substantial part of the increase we have observed in self-reported amphetamine use is due to things other than simply an increase in the use of over-the-counter diet pills or stay-awake pills, which presumably are not used to get high. Obviously more young people are now using stimulants for recreational purposes. There still remains the question, of course, of whether the active ingredients in those stimulants are really amphetamines. 4,7

	Table(s)
• *Methaqualone* use rose last year, as did the proportion saying some of their friends used. This year current use has nearly leveled, as has the trend in friends' use.	4
• The proportion saying that "most or all" of their friends smoke *cigarettes* has dropped steadily, from 37% in 1976 to 22% in 1981. (During this period actual use has dropped markedly, and more seniors now perceive their friends as disapproving regular smoking.)	4
• The proportion saying most or all of their friends *get drunk* at least once a week had been increasing steadily, from 27% in 1976 to 32% in 1979. It has declined slightly to 29% over the past two years—an interval in which the frequency of self-reported binge drinking has remained stable.	4

Perceived Availability of Drugs

One set of questions asks for estimates of how difficult it would be to obtain each of a number of different drugs. The answers range across five categories from "probably impossible" to "very easy." While no systematic effort has been undertaken to assess the validity of these measures, it must be said that they do have a rather high level of face validity—particularly if it is the subjective reality of "perceived availability" which is purported to be measured. It also seems quite reasonable to us to assume that perceived availability tracks actual availability to some extent.

Data are presented in this chapter on two different types of respondents: first, on all respondents completing a questionnaire form—both users and nonusers—and second, on those respondents who are relatively recent users of the drug for which availability is being ascertained. The entire sample is a relevant reporting group in that the presumed availability of a drug—whether accurately perceived or not—may well influence their propensity to use it. The "recent user" group (that is, people who report use within the previous year) is relevant as well, not only because they are the most "at risk" segment of the population, but because they are also most likely to be aware of the *objective* realities. Further, by looking only at user groups in examining trends, one is more likely to remove any shifts in the subjective data caused by shifting proportions of the population who *are* users.

Perceived Availability in 1981

• There are substantial differences in the reported availability of the various drugs. In general, the more widely used drugs are reported to be available by the highest proportion of the age group, as would be expected.	8 Fig 4
• *Marijuana* appears to be almost universally available to high school seniors; nearly 90% report that they think it would be "very easy" or "fairly easy" for them to get—roughly 30% more than the number who report ever having used it.	8

	Table(s)
• After marijuana, the students indicate that the psychotherapeutic drugs are the most available to them: amphetamines are seen as available by 70%, tranquilizers by 61%, and barbiturates by 55%.	8
• Nearly half of the seniors (48%) now see cocaine as available to them.	8
• LSD, other psychedelics, and opiates other than heroin are reported as available by only about one of every three seniors (35%, 33%, and 30%, respectively).	8
• Heroin is seen by the fewest seniors (19%) as being fairly easy to get.	8
• The majority of "recent users" of all drugs (i.e., those who have used the drug in the past year) feel it would be easy for them to get that same type of drug again.	9
• There are some important variations by drug class, however. Virtually all recent users of marijuana think they could get more fairly easily (98%), followed closely by recent users of amphetamines (93%), cocaine (87%) and barbiturates (83%). Least available to recent users (about 60% in both cases) are heroin and other narcotics.	9

Trends in Perceived Availability

	Table(s)
• The two drug classes showing the most important changes in reported availability this year are amphetamines and barbiturates.	
• Amphetamines showed a full 8% jump (to 70%) in the number of all seniors who think they could get some fairly easily if they wanted them. This follows a much more gradual increase over the prior two years and, of course, parallels the sharp rise in self-reported use. (Recent users also showed a significant increase this year.) In fact, in this case we think greater availability of what seniors at least think are amphetamines, may well account for a good part of that rise in use.	8,9
• The perceived availability of barbiturates also jumped nearly 6% this year, but was not accompanied by any increase in use nor by any increase in perceived availability by recent users. (Barbiturate availability had been very stable over the two prior years.)	8,9 Fig 4
• Perceptions of marijuana availability have remained quite steady across the last seven high school classes (at between 87% and 90% of the entire sample and between 97% and 99% of recent users).	8,9 Fig 4

	Table(s)
• Between 1977 and 1980 there had been a substantial (15%) increase in the perceived availability of *cocaine* among all seniors and a 18% increase among recent users. There was no further change in 1981, however, either among all seniors or among the recent users.	8,9 Fig 4
• *Tranquilizer* availability showed some fall-off in availability between the mid-1970's and the early 1980's. That trend appears to continue this year among the recent user group, but not among seniors as a whole.	8,9 Fig 4
• Most other drugs showed little or no consistent evidence of change in perceived availability this year. (Note that the number of recent users is too small to permit reliable change estimates for heroin.)	8,9 Fig 4

Implications for Validity of Self-Reported Usage Questions

- We have noted a high degree of correspondence in the aggregate level data presented in this report among seniors' self-reports of their *own* drug use, their reports concerning *friends'* use, and their own *exposure* to use. Drug-to-drug comparisons in any given year across these three types of measures tend to be highly parallel, as do the changes from year to year. We take this consistency as additional evidence for the validity of the self-report data, since there should be less reason to distort answers on friends' use, or general exposure to use, than to distort the reporting of one's own use.

TABLE 14-1

Trends in Parental Disapproval of Drug Use

	Percent disapproving[a]						
Q. How do you think your parents would feel about you...	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981
Trying marijuana once or twice	90.8	87.4	85.8	83.2	84.9	NA	NA
Smoking marijuana occasionally	95.6	93.0	92.5	90.8	93.2	NA	NA
Smoking marijuana regularly	98.1	96.3	96.5	95.6	97.2	NA	NA
Trying LSD once or twice	99.0	97.4	98.1	97.5	98.8	NA	NA
Trying an amphetamine once or twice	98.0	97.1	97.2	96.7	97.9	NA	NA
Taking one or two drinks nearly every day	89.5	90.0	92.2	88.9	91.8	NA	NA
Taking four or five drinks every day	97.2	96.5	96.5	96.3	97.4	NA	NA
Having five or more drinks once or twice every weekend	85.3	85.9	86.5	82.6	84.5	NA	NA
Smoking one or more packs of cigarettes per day	88.5	87.6	89.2	88.7	91.3	NA	NA
Approx. N =	(2546)	(2807)	(3014)	(3054)	(2748)	(NA)	(NA)

NOTE: NA indicates question not asked.

[a] Answer alternatives were: (1) Not disapprove, (2) Disapprove, and (3) Strongly disapprove. Percentages are shown for categories (2) and (3) combined.

TABLE 14-2

Trends in Proportion of Friends Disapproving of Drug Use

		Percent saying friends disapprove[a]							
Q. How do you think your close friends feel (or would feel) about you. . .	Adjust-ment Factor	Class of 1975[b]	Class of 1976	Class of 1977[b]	Class of 1978	Class of 1979[b]	Class of 1980	Class of 1981	'80-'81 change
Trying marijuana once or twice	*(-0.5)*	*44.3*	NA	*41.8*	NA	*40.9*	42.6	46.4	+3.8s
Smoking marijuana occasionally	*(+0.8)*	*54.8*	NA	*49.0*	NA	*48.2*	50.6	55.9	+5.3ss
Smoking marijuana regularly	*(+4.6)*	*75.0*	NA	*69.1*	NA	*70.2*	72.0	75.0	+3.0s
Trying LSD once or twice	*(+2.0)*	*85.6*	NA	*86.6*	NA	*87.6*	87.4	86.5	-0.9
Trying an amphetamine once or twice	*(+2.2)*	*78.8*	NA	*80.3*	NA	*81.0*	78.9	74.4	-4.5ss
Taking one or two drinks nearly every day	*(+7.8)*	*67.2*	NA	*71.0*	NA	*71.0*	70.5	69.5	-1.0
Taking four or five drinks every day	*(+9.3)*	*89.2*	NA	*88.1*	NA	*88.5*	87.9	86.4	-1.5
Having five or more drinks once or twice every weekend	*(+4.7)*	*55.0*	NA	*53.4*	NA	*51.3*	50.6	50.3	-0.3
Smoking one or more packs of cigarettes per day	*(+8.3)*	*63.6*	NA	*68.3*	NA	*73.4*	74.4	73.8	-0.6
Approx. N =		(2488)	(NA)	(2971)	(NA)	(2716)	(2766)	(3120)	

NOTE: NA indicates question not asked.

[a] Answer alternatives were: (1) Not disapprove, (2) Disapprove, and (3) Strongly disapprove. Percentages are shown for categories (2) and (3) combined.

[b] These figures have been adjusted by the factors reported in the first column because of lack of comparability of question-context among administrations. (See text for discussion.)

TABLE 14-3

Friends' Use of Drugs, Class of 1981

(Approximate N = 3307)

Q. How many of your friends would you estimate...	Percent saying. . .				
	None	A Few	Some	Most	All
Smoke marijuana	17.0	31.3	24.1	22.5	5.2
Use inhalants	83.5	12.9	2.6	0.7	0.2
Use amyl & butyl nitrites	82.6	13.2	2.9	0.9	0.3
Take LSD	71.5	20.1	6.3	1.6	0.6
Take other psychedelics	73.7	18.9	5.4	1.6	0.5
Take PCP	82.8	13.1	3.2	0.6	0.3
Take cocaine	59.9	23.6	10.3	4.7	1.6
Take heroin	87.5	10.1	2.0	0.2	0.3
Take other narcotics	76.9	17.7	3.9	1.1	0.4
Take amphetamines	51.2	29.7	12.7	5.1	1.3
Take barbiturates	68.9	23.1	5.9	1.6	0.5
Take quaaludes	65.0	23.0	8.4	2.8	0.8
Take tranquilizers	70.5	22.8	5.4	1.0	0.4
Drink alcoholic beverages	5.3	10.8	16.3	41.7	26.0
Get drunk at least once a week	18.2	25.2	27.3	19.9	9.5
Smoke cigarettes	11.5	36.3	29.7	20.2	2.2

TABLE 14-4

Trends in Proportions of Friends Using Drugs

(Entries are percentages)

Q. How many of your friends would you estimate...	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
Smoke marijuana								
% saying none	17.0	17.1	14.1	13.9	12.4	13.6	17.0	+3.4ss
% saying most or all	30.3	30.6	32.3	35.3	35.5	31.3	27.7	-3.6s
Use inhalants								
% saying none	75.7	81.4	81.1	80.0	80.9	82.2	83.5	+1.3
% saying most or all	1.1	1.1	1.0	1.1	1.1	1.2	0.9	-0.3
Use nitrites								
% saying none	NA	NA	NA	NA	78.4	81.0	82.6	+1.6
% saying most or all	NA	NA	NA	NA	1.9	1.3	1.2	-0.1
Take LSD								
% saying none	63.5	69.4	68.1	70.1	71.1	71.9	71.5	-0.4
% saying most or all	2.7	2.8	3.0	2.0	1.9	1.8	2.2	+0.4
Take other psychedelics								
% saying none	58.8	69.7	68.6	70.8	71.8	71.8	73.7	+1.9
% saying most or all	4.7	3.0	2.8	2.0	2.2	2.2	2.1	-0.1
Take PCP								
% saying none	NA	NA	NA	NA	72.2	77.8	82.8	+5.0sss
% saying most or all	NA	NA	NA	NA	1.7	1.6	0.9	-0.7s
Take cocaine								
% saying none	66.4	71.2	69.9	66.8	61.1	58.4	59.9	+1.5
% saying most or all	3.4	3.2	3.6	4.0	6.0	6.1	6.3	+0.2
Take heroin								
% saying none	84.8	86.4	87.1	85.7	87.1	87.0	87.5	+0.5
% saying most or all	0.7	0.8	0.7	0.9	0.5	1.0	0.5	-0.5
Take other narcotics								
% saying none	71.2	75.9	76.3	76.8	76.9	77.6	76.9	-0.7
% saying most or all	2.1	2.2	1.7	1.4	1.5	1.7	1.5	-0.2
Take amphetamines								
% saying none	49.0	57.8	58.7	59.3	59.3	56.1	51.2	-4.9ss
% saying most or all	5.9	5.6	4.1	4.7	4.3	4.8	6.4	+1.6s
Take barbiturates								
% saying none	55.0	63.7	65.3	67.5	69.3	69.5	68.9	-0.6
% saying most or all	4.3	3.5	3.0	2.3	2.1	2.6	2.1	-0.5

(Table continued on next page)

TABLE 14-4 (cont.)

Q. *How many of your friends would you estimate...*	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
Take quaaludes								
% saying none	68.3	73.0	71.7	73.0	72.3	67.5	65.0	-2.5
% saying most or all	3.0	1.8	2.9	2.2	2.8	3.6	3.6	0.0
Take tranquilizers								
% saying none	54.4	63.7	62.2	65.2	68.0	70.3	70.5	+0.2
% saying most or all	3.5	3.1	2.7	1.8	2.0	1.9	1.4	-0.5
Drink alcoholic beverages								
% saying none	3.3	4.9	5.6	5.1	4.6	3.9	5.3	+1.4s
% saying most or all	68.4	64.7	66.2	68.9	68.5	68.9	67.7	-1.2
Get drunk at least once a week								
% saying none	17.6	19.3	19.0	18.0	16.7	16.9	18.2	+1.3
% saying most or all	30.1	26.6	27.6	30.2	32.0	30.1	29.4	-0.7
Smoke cigarettes								
% saying none	4.8	6.3	6.3	6.9	7.9	9.4	11.5	+2.1s
% saying most or all	41.5	36.7	33.9	32.2	28.6	23.3	22.4	-0.9
Approx. N =	(2640)	(2929)	(3184)	(3247)	(2933)	(2987)	(3307)	

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

NA indicates data not available.

TABLE 14-5

Friends' Use of Selected Drugs by Subgroups, Class of 1981

		Percent saying most or all[a] of friends. . .			
	Number of cases	Smoke marijuana	Drink alcoholic beverages	Get drunk at least once a week	Smoke Cigarettes
All seniors	3307	27.7	67.7	29.4	22.4
Sex:					
Male	1580	28.8	70.5	35.1	18.9
Female	1671	26.6	65.0	23.7	25.9
College Plans:					
None or under 4 yrs	1350	32.1	66.9	33.2	33.2
Complete 4 yrs	1846	24.0	68.4	26.4	14.3
Region:					
Northeast	728	37.1	80.9	38.1	25.5
North Central	1044	27.3	70.4	29.1	25.1
South	1021	20.6	58.5	25.2	22.0
West	513	28.9	61.9	25.7	13.8
Population Density:					
Large SMSA	837	32.3	74.1	33.7	25.4
Other SMSA	1324	28.4	66.8	27.5	22.0
Non-SMSA	1146	23.2	64.0	28.3	21.0

NOTE: See Appendix D for definition of variables.

[a] Answer alternatives were: (1) None, (2) A few, (3) Some, (4) Most, and (5) All. Percentages are shown for categories (4) and (5) combined.

TABLE 14-6

Exposure to Drug Use, Class of 1981

(Approximate N = 3608)

Q. During the LAST 12 MONTHS, how often have you been around people who were taking each of the following to get high or for "kicks"?	Percent saying. . . Not at all	Once or twice	Occasionally	Often
Marijuana (pot, grass) or hashish	19.8	20.4	26.7	33.1
LSD	82.6	9.8	5.5	2.0
Other psychedelics (mescaline, peyote, PCP, etc.)	82.4	10.6	5.0	2.0
Cocaine ("coke")	63.7	19.5	10.2	6.6
Heroin (smack, horse)	93.4	4.9	1.1	0.6
Other narcotics (methadone, opium, codeine, paregoric, etc.)	82.5	11.9	3.9	1.7
Amphetamines (uppers, pep pills, bennies, speed)	50.5	21.7	15.8	12.1
Barbiturates (downers, goofballs, reds, yellows, etc.)	74.1	13.9	8.0	4.0
Tranquilizers (Librium, Valium, Miltown)	71.0	16.8	7.9	4.2
Alcoholic beverages (beer, wine, liquor)	6.0	9.8	23.2	61.0

TABLE 14-7

Trends in Exposure to Drug Use

Q. During the LAST 12 MONTHS how often have you been around people who were taking each of the following to get high or for "kicks"?	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
Marijuana								
% saying not at all	NA	20.5	19.0	17.3	17.0	18.0	19.8	+1.8
% saying often	NA	32.5	37.0	39.0	38.9	33.8	33.1	-0.7
LSD								
% saying not at all	NA	78.8	80.0	81.9	81.9	82.8	82.6	-0.2
% saying often	NA	2.2	2.0	1.8	2.0	1.4	2.0	+0.6
Other psychedelics								
% saying not at all	NA	76.5	76.7	76.7	77.6	79.6	82.4	+2.8s
% saying often	NA	3.1	3.2	2.9	2.2	2.2	2.0	-0.2
Cocaine								
% saying not at all	NA	77.0	73.4	69.8	64.0	62.3	63.7	+1.4
% saying often	NA	3.0	3.7	4.6	6.8	5.9	6.6	+0.7
Heroin								
% saying not at all	NA	91.4	90.3	91.8	92.4	92.6	93.4	+0.8
% saying often	NA	0.8	1.1	0.9	0.7	0.4	0.6	+0.2
Other narcotics								
% saying not at all	NA	81.9	81.3	81.8	82.0	80.4	82.5	+2.1
% saying often	NA	1.8	2.4	2.0	1.7	1.7	1.7	0.0
Amphetamines								
% saying not at all	NA	59.6	60.3	60.9	58.1	59.2	50.5	-8.7sss
% saying often	NA	6.8	7.9	6.7	7.4	8.3	12.1	+3.8sss
Barbiturates								
% saying not at all	NA	69.0	70.0	73.5	73.6	74.8	74.1	-0.7
% saying often	NA	4.5	5.0	3.4	3.3	3.4	4.0	+0.6
Tranquilizers								
% saying not at all	NA	67.7	66.0	67.5	67.5	70.9	71.0	+0.1
% saying often	NA	5.5	6.3	4.9	4.3	3.2	4.2	+1.0
Alcoholic beverages								
% saying not at all	NA	6.0	5.6	5.5	5.2	5.3	6.0	+0.7
% saying often	NA	57.1	60.8	60.8	61.2	60.2	61.0	+0.8
Approx. N =	(NA)	(3249)	(3579)	(3682)	(3253)	(3259)	(3608)	

NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

NA indicates data not available.

TABLE 14-8

Trends in Reported Availability of Drugs

Q. How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?	Percent saying drug would be "Fairly easy" or "Very easy" for them to get[a]							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
Marijuana	87.8	87.4	87.9	87.8	90.1	89.0	89.2	+0.2
LSD	46.2	37.4	34.5	32.2	34.2	35.3	35.0	-0.3
Some other psychedelic	47.8	35.7	33.8	33.8	34.6	35.0	32.7	-2.3
Cocaine	37.0	34.0	33.0	37.8	45.5	47.9	47.5	-0.4
Heroin	24.2	18.4	17.9	16.4	18.9	21.2	19.2	-2.0
Some other narcotic (including methadone)	34.5	26.9	27.8	26.1	28.7	29.4	29.6	+0.2
Amphetamines	67.8	61.8	58.1	58.5	59.9	61.3	69.5	+8.2sss
Barbiturates	60.0	54.4	52.4	50.6	49.8	49.1	54.9	+5.8sss
Tranquilizers	71.8	65.5	64.9	64.3	61.4	59.1	60.8	+1.7
N =	(2627)	(3163)	(3562)	(3598)	(3172)	(3240)	(3578)	

NOTE: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

[a] Answer alternatives were: (1) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, and (5) Very easy.

TABLE 14-9

Trends in Perceived Availability of Each Drug as Reported by Recent Users of that Drug[a]

Q. How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?		Percent saying drug would be "Fairly easy" or "Very easy" for them to get[b]							
	Number of Cases	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	'80-'81 change
Marijuana	1608	97.7	98.6	98.2	97.8	97.2	97.9	97.6	-0.3
LSD	250	77.1	66.4	55.6	52.6	69.8	71.6	73.0	+1.4
Some other psychedelic	207	79.0	71.1	68.3	74.9	70.3	80.3	77.2	-3.1
Cocaine	419	72.2	69.8	68.9	80.2	83.0	85.9	87.0	+1.1
Heroin	20	56.5	66.9	53.0	47.0	67.5	49.1	58.2	+9.1
Some other narcotic (including methadone)	203	67.4	56.0	56.2	56.7	58.7	61.0	61.5	+0.5
Amphetamines	927	92.5	86.4	84.7	87.6	87.2	86.0	92.5	+6.5sss
Barbiturates	243	81.9	82.9	79.0	83.0	81.2	83.9	83.3	-0.6
Tranquilizers	279	89.3	83.0	84.4	84.0	78.0	81.6	71.9	-9.7s

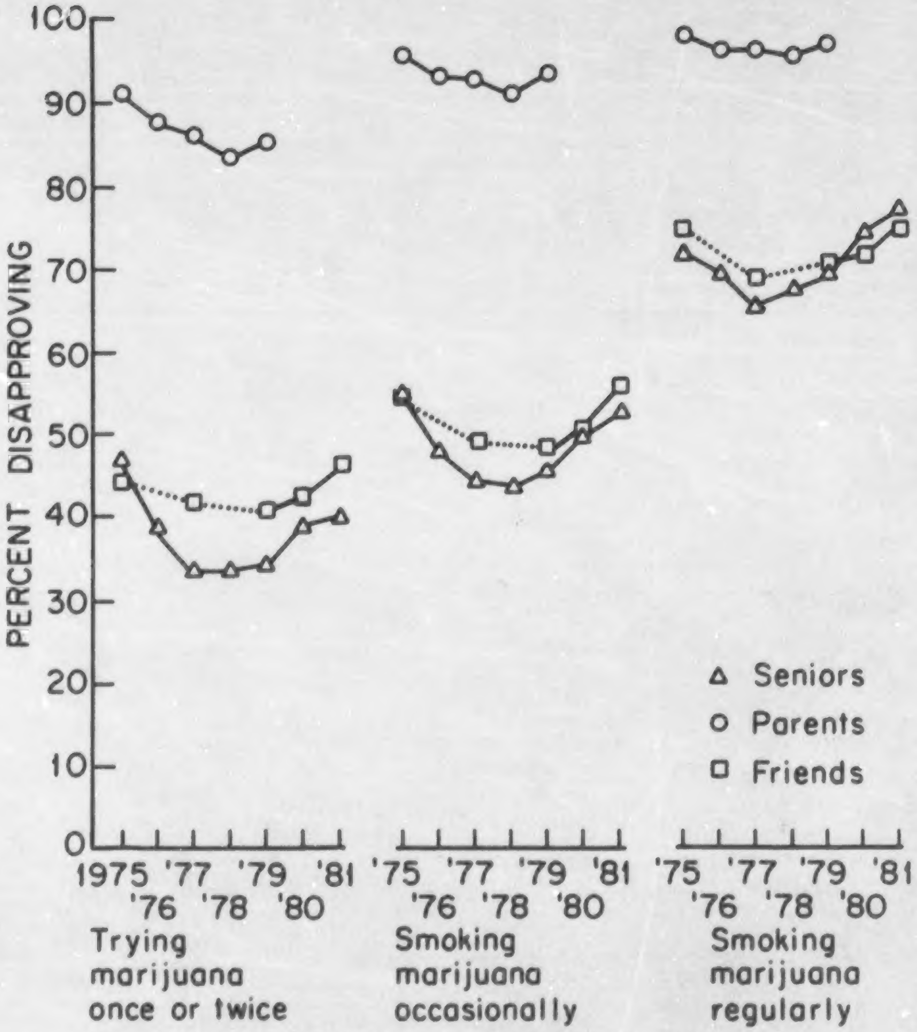
NOTES: Level of significance of difference between the two most recent classes:
s = .05, ss = .01, sss = .001.

[a] This question is asked in one form only; figures are based on all respondents who report use of the drug in the prior twelve months.

[b] Answer alternatives were: (1) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, and (5) Very easy.

FIGURE 14-1

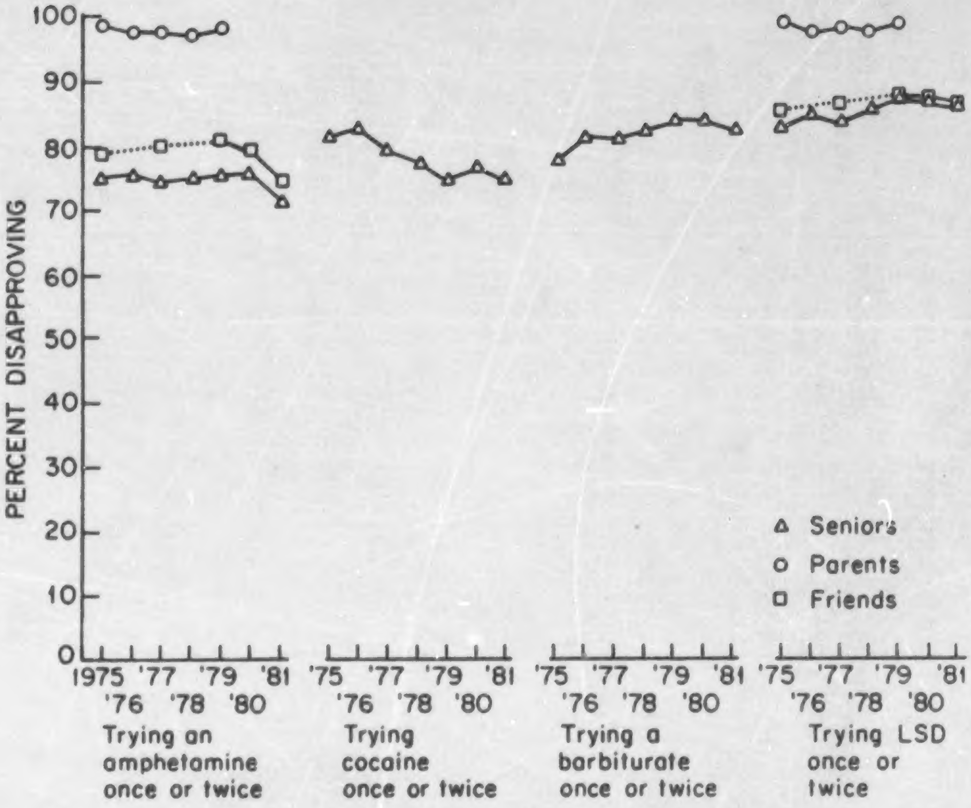
Trends in Disapproval of Illicit Drug Use
Seniors, Parents, and Peers



NOTE: Points connected by dotted lines have been adjusted because of lack of comparability of question-context among administrations. (See text for discussion.)

FIGURE 14-1 (cont.)

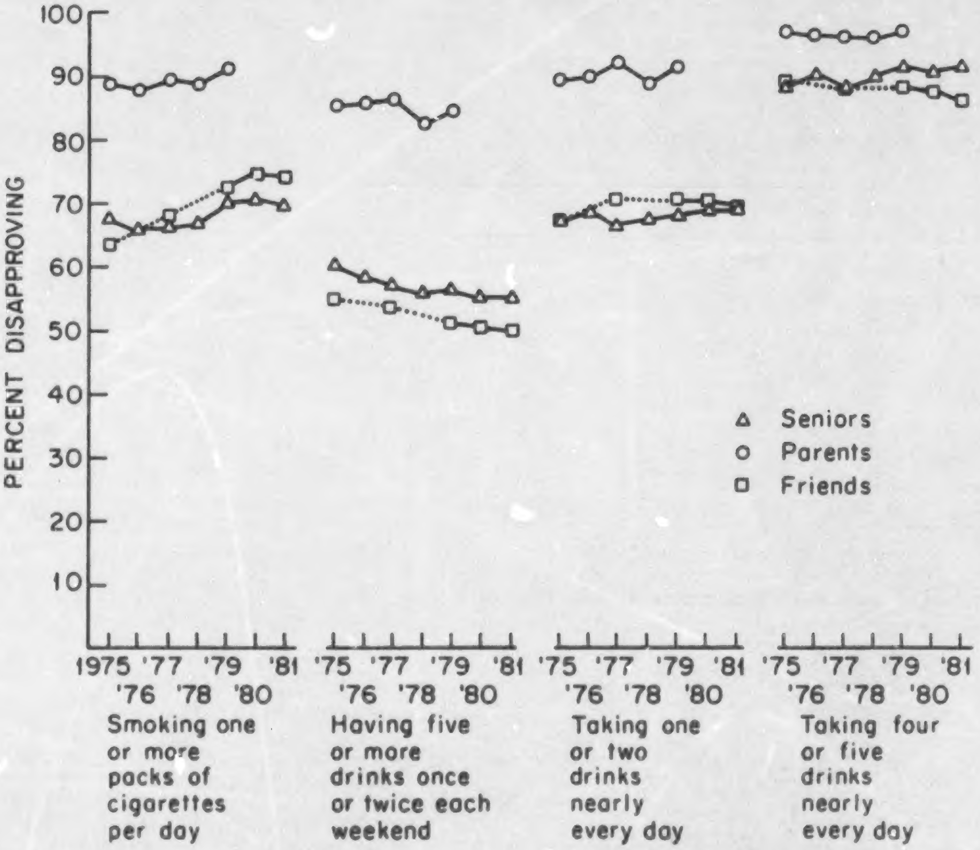
Trends in Disapproval of Illicit Drug Use
Seniors, Parents, and Peers



NOTE: Points connected by dotted lines have been adjusted because of lack of comparability of question-context among administrations. (See text for discussion.)

FIGURE 14-2

Trends in Disapproval of Licit Drug Use
Seniors, Parents, and Peers



NOTE: Points connected by dotted lines have been adjusted because of lack of comparability of question-context among administrations. (See text for discussion.)

FIGURE 14-3

Proportion of Friends Using Each Drug as Estimated by Seniors, in 1981

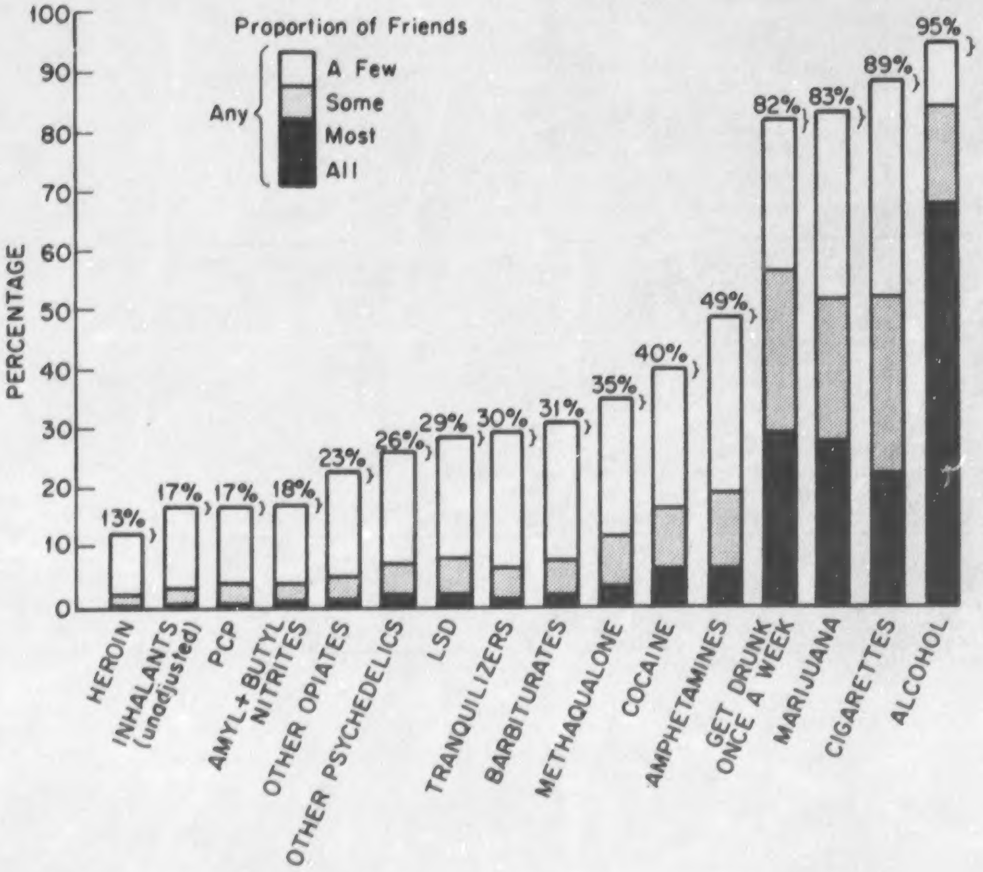
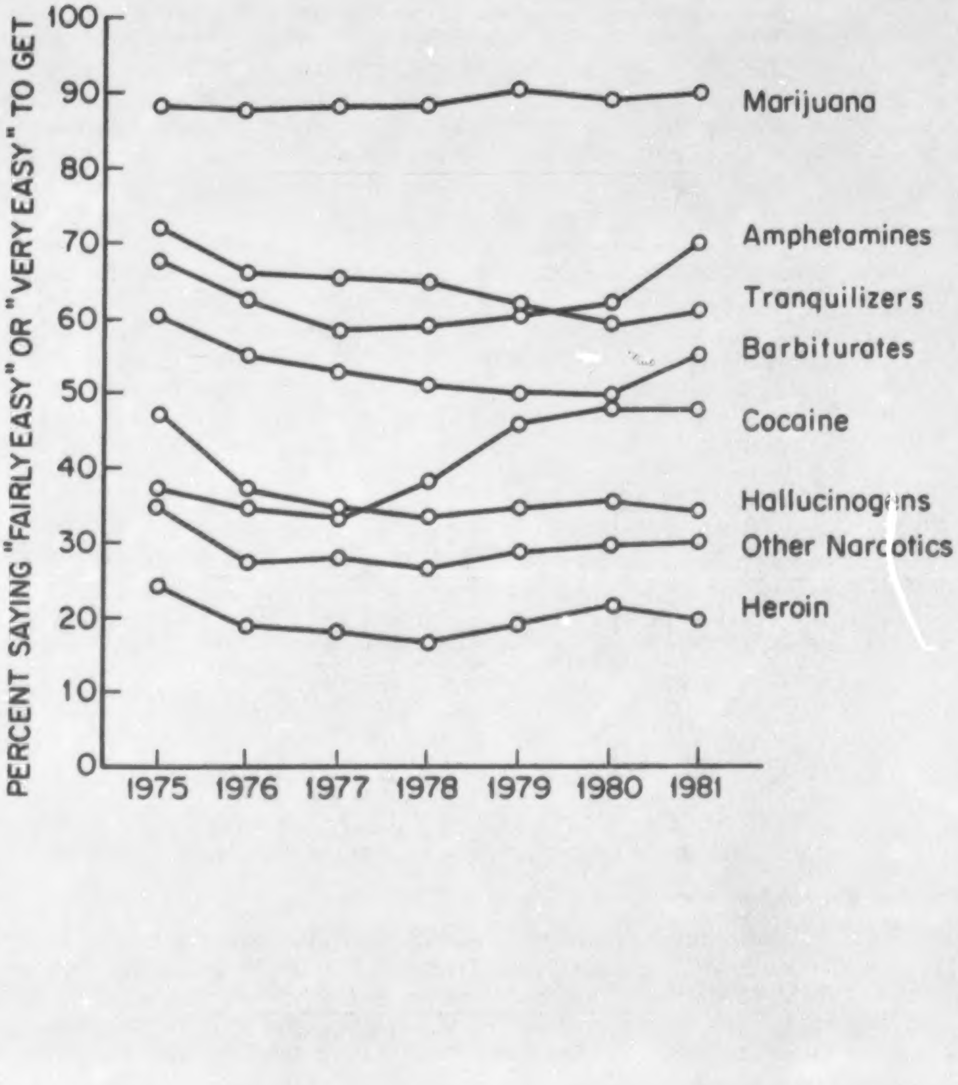


FIGURE 14-4

Trends in Perceived Availability of Drugs



V. Other Recent Findings From The Study

In this section we summarize some key results from the study which have been published or presented elsewhere over the past several years. Obviously, only brief synopses are appropriate for inclusion here. However, the interested reader may secure the relevant articles from the published literature or write to the authors at Room 2030, Institute for Social Research, The University of Michigan, Ann Arbor, Michigan 48109.

Correlates of Drug Use

One major purpose of the Monitoring the Future project, as illustrated in the present report, is to provide an accurate picture of current drug use and recent trends. But another major purpose is to develop a better understanding of factors which may be among the important causes and/or consequences of use. An important step in this process is to determine the extent to which other variables correlate with various kinds of drug use. An analysis of the relationship between drug use and a number of background, educational, occupational, and lifestyle factors was completed recently; some of the highlights are presented below.*

- One key finding is that for the most part the same pattern of background and lifestyle factors which predicts (or, more accurately, correlates with) cigarette use and alcohol use also predicts use of marijuana and other illicit drugs. This is not surprising, since the use of one substance is strongly related to the use of other substances; but it is convenient for present purposes, because it means that we can usually speak of factors relating to drug use in general.

- Several background factors were explored as possible predictors of drug use. Parents' educational level, which serves as an indicator of overall socioeconomic level, shows very little relationship with drug use among high school seniors. Number of parents in the home shows some relationship with drug use—use is slightly higher among seniors who are not living with both parents. Other background factors which have already been documented in the present report series are region and urbanicity. Sex differences also have been documented extensively in the present report, but one particular finding from the correlational analysis is worth repeating here: If one considers that there are male-female differences on many drug-related dimensions such as grades, truancy, and religious commitment, one would accurately "predict" lower female usage rates for alcohol and the illicit drugs. But one would also predict less use of cigarettes, which would not be accurate. Females can thus be described as "overachievers" in terms of cigarette smoking—they do more than would be predicted based on their other characteristics—and their degree of "overachievement" rose steadily between 1975 and 1979. It should also be mentioned that they are "underachievers" in relation to alcohol use—that is, they drink even less than would be predicted by those other factors—but their degree of "underachievement" decreased between 1975 and 1979.

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*Many of the findings appear in "Smoking, Drinking, and Drug Use Among American High School Students: Correlates and Trends 1975-1979" by J. G. Bachman, L. D. Johnston, and P. M. O'Malley, American Journal of Public Health, January, 1981. A more extended report by the same authors is Monitoring the Future Occasional Paper 8: Correlates of Drug Use, Part I: Selected Measures of Background, Recent Experiences, and Lifestyle Orientations, 1980.

- Four aspects of educational experience were examined as correlates of drug use. We have noted in this report that drug use is generally lower for those planning to complete college, and the same is true for those in the college preparatory curriculum. High school grades also show a negative relationship with drug use, especially cigarette smoking. Truancy bears a strong positive relationship to drug use of all types.

- Two aspects of occupational experience, amount of hours worked and income, are both positively related to drug use. Income, of course, can provide the means of paying for drugs; but even when income is controlled statistically, there is still some tendency for higher drug use among seniors who work longer hours in their (part time) jobs.

- Several dimensions of lifestyle experience were included in these analyses of correlates of drug use (many others will appear in future analyses). Drug use is well below average among seniors with high levels of religious commitment. It is also below average among seniors who describe their political orientation as conservative, rather than liberal or radical. (There is, however, no clear relationship between drug use and political party preference.) Frequent evenings out for fun and recreation (and also frequent dating) are positively and strongly correlated with drug use.

- Each of the patterns of relationship summarized above was examined separately for the senior classes of 1975 through 1979, and in general the correlations were found to be highly stable from one year to the next. One exception involves cocaine use, which increased substantially from 1975 through 1979, and which also showed a pattern of increasingly strong correlations. But this pattern of emerging relationships with cocaine use involved the same familiar set of variables which have correlated consistently with the use of alcohol, marijuana, and other illicit drugs. It thus appears that the kinds of young people most "at risk" tend to remain much the same, while the kinds and amounts of substances used shift somewhat from year to year.

Changes in Drug Use After High School

Relatively little longitudinal research exists on the progression of drug-using behaviors through the early adult years, a period during which young people make a number of important transitions into new social environments and experiences. One of the purposes of the Monitoring the Future project is to study patterns of drug use during the years following high school; accordingly, the project includes follow-up surveys of subsamples of those seniors who participated in each of the high school data collections. Because such follow-up efforts are more expensive than the senior-year surveys, they are pursued on a smaller scale. It is also the case that analyses of longitudinal panel data, in which senior-year responses are compared with later follow-up reports by the same individuals, are more complex than the comparisons among senior classes reported in this volume. In the past year, one set of panel analyses was completed, and reported initially in the Monitoring the Future Occasional Papers series.* It is based on seniors in the classes of 1975-1979 followed up one to three years after graduation (follow-up data collected in 1978-1980). Key findings are summarized below.

- Overall levels of drug use did not change dramatically during the first few years following high school. The percentage of respondents reporting any use of cigarettes did not increase; however, after graduation some of them stepped up the amount they smoked. More specifically, there were substantial increases in the proportions of young adults who crossed the pack-a-day threshhold. Alcohol use increased somewhat following graduation (no doubt partly due to the increased proportions who reached the age where purchase is legal). The effect appeared for both sexes, but was somewhat greater among males. More important perhaps is the finding that instances of heavy drinking (having five or more drinks in a row) showed no increase at all among females during the first few years after high school, and only a very slight increase among males. Marijuana use and use of other illicit drugs showed some modest gains among males, and smaller gains among females; however, these shifts are complicated by the overall trends observed during the late seventies (and reported in this volume). A much more extensive analysis of these shifts and trends is underway in which we try to separate three different types of change (i.e., maturational, secular, and cohort-specific); for present purposes we can characterize overall levels of drug use as relatively stable during the early post-high school years.

- Even though overall levels of drug use did not change a great deal, there remained some amount of shifting among individuals—some increased their use of a particular category of drug while others decreased theirs. In general, however, drug use during the first years after high school was highly predictable from senior year drug use levels. This was most strongly the case for cigarette use, but also held true for the use of alcohol, marijuana, and other illicit drugs.

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*Bachman, J. G., O'Malley, P. M., and Johnston, L. D. Changes in drug use after high school as a function of role status and social environment (Monitoring the Future Occasional Paper 11). Ann Arbor: Institute for Social Research, 1981. Copies are available from the authors.

- Against the backdrop of stability described above, our analyses nevertheless revealed some moderate but important shifts in drug use linked to different post-high school experiences. Three interrelated dimensions of experience were examined: education, occupation, and living arrangements. It would have been unwise to examine any one of these dimensions in isolation, because they are so interconnected. For example, those employed in full-time jobs are unlikely also to be full-time students. As another example, recent graduates who are primarily students are less likely to be married and living with a spouse, but also less likely still to be living with parents, than those who are full-time employed. Taking such overlaps into account, our analyses revealed little direct impact of post-high school educational and occupational experiences on drug use. On the other hand, living arrangements did seem to produce some clear, consistent, and understandable shifts in drug use, as outlined below.

- Use of alcohol, marijuana, and other illicit drugs all were influenced by post-high school living arrangements, and the effects were closely parallel. Cigarette use, on the other hand, was largely unaffected by living arrangements.

- Being married and living with a spouse appeared to reduce drug use. On the average, individuals in this category showed less use of marijuana and other illicit drugs, and fewer instances of heavy drinking, than had been the case when they were seniors.

- A small, but nonetheless important, minority of recent graduates were living with an unmarried partner of the opposite sex. When these individuals were seniors (and not then cohabiting), they were far above average in their rates of drug use; and the above average use continued after graduation. Indeed, for this group the use of marijuana and other illicit drugs became even more frequent during the post-high school years. Clearly, most cohabitation experiences are rather different from marriage when it comes to impacts on drug use.

- Many young adults continue living with parents for a while after high school (more than half of those one year beyond graduation, and more than one third of those three years beyond graduation). For those in this category, use of marijuana and other illicit drugs remained relatively constant—there were no overall changes from the levels of use reported as high school seniors. Alcohol use showed only modest increases, and there was very little increase in instances of heavy drinking.

- The rest of the high school graduates were grouped together as those in other living arrangements. This category includes people living alone or with others in apartments, dormitories, military bases, etc. As high school seniors they had reported about the same levels of drug use as were reported by those who continued living with parents and those who married soon after graduation. However, those who entered those "other living arrangements" after high school showed increases in their use of alcohol (including instances of heavy drinking), marijuana, and other illicit drugs. A number of more specific subgroups were examined, including those living in dormitories, those on military bases, and those who reported living alone (rather than with one or more roommates); however, none of these subgroups showed a sufficiently distinct departure in trends and/or sufficient sample size to warrant separating it from the larger "other living arrangements" category.

- In sum, our examination of post-high school experiences linked to drug use revealed that use of alcohol, marijuana, and other illicit drugs are reduced among those living with a spouse, remain largely unchanged among those living with parents, and increase among those in most other living arrangements. Post-high school educational and occupational experiences show relatively little independent impact on drug use, once their statistical association with living arrangements is taken into account.

The Daily Marijuana User

Charting the trends in frequent marijuana use, and bringing them to the attention of policy-makers and the public, have been among the more important functions of the present series of reports. Over the past two years, we have begun a more intensive examination of frequent marijuana users, utilizing data not only from seniors, but also from longitudinal follow-ups during the post-high school years. The fact that the senior year samples, in particular, are so large makes it possible not only to chart trends in frequent use quite accurately, but to examine the characteristics, experiences, and outcomes of a substantial number of frequent users. In 1980 we reported on the characteristics of daily users, as well as on the amount of marijuana they use, their use of other drugs, and the stability of their use after high school. * Some of the findings are summarized briefly below.

- As might be inferred from the findings cited earlier for all drug users, daily marijuana users (defined as people who smoked marijuana on twenty or more occasions in the prior thirty days) are disproportionately males, whites, city dwellers, and the noncollege-bound. They also tend to get below-average grades, be truant more often than average, have low religious commitment, and view themselves as more liberal than average politically. In particular, the daily users

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*See L. D. Johnston, "The Daily Marijuana User," paper delivered at the first annual meeting of the National Alcohol and Drug Coalition, Washington, D. C., September 18, 1980 (available from the author).

spend a lot of their free time outside the home. Thus, among seniors who go out for "fun and recreation" six to seven nights a week, fully a third are daily marijuana users.

- Among the 19 to 22 year-olds studied in the follow-up surveys, between 10% and 11% were daily users in 1980. This reflects a 2.6% increase from their average rates of use when they were seniors in earlier years.

- Daily use was found to be highest among those graduates living away from home; in civilian employment, military service, or unemployed; without children and unmarried. Full-time students have one of the lower rates of daily use (8.3%), but they showed one of the largest increases after high school (up from 4.5% in senior year). Conversely, the unemployed and those in military service (who showed quite high rates of use after high school) actually showed rather little change from their already-high rates in high school.

- The increased role responsibilities of marriage and parenthood appear to have a damping effect on daily use. In the face of an overall 2.6% increase in daily use post-high school for the entire sample of 19 to 22 year-olds, those who were married showed virtually no increase and those with children actually had a decline in use.

- Leaving the parental home was associated with a larger than average increase in daily use (up 3.9%, vs. an increase of 1.3% for those remaining in the parental home).

- Daily marijuana users are much more likely than their peers to be current users of other drugs, and to have started using drugs at an early age. A quarter of them drink alcohol daily (27%) and fully six in every ten are daily cigarette smokers. (Thus, for the majority of daily users any deleterious effects of their marijuana smoking will be combined, perhaps synergistically, with the harmful effects of their cigarette smoking.)

- In terms of quantities used, among those 1979 seniors using daily who were able to estimate ounces of marijuana used in the previous month, a quarter said they personally consumed about an ounce, about another quarter (28%) said about two ounces, and another quarter (28%) said three or more ounces. When asked how many "joints" they averaged per day, they gave a modal answer of two to three joints per day. About a third, however, said four or more joints per day, with the result being that the overall average daily intake is about 3.5 joints per day. (These results, like nearly all of the others mentioned here, are closely replicated in the 19 to 22 year-old sample.)

- The stability of the marijuana-using habit among these recent class cohorts is of particular significance, not only because it will tell something about the drug-using behaviors of older segments of the population in future years, but because the potential for cumulative physiological and psychological effects rises with the longevity of the habit. Roughly 60% of those in each class who were daily users in senior year were daily users a year later. By four years after high school 51% of daily-using seniors in the Class of 1975 were still using daily, with an additional 34% being current, though not daily, users.

- Compared to less frequent users, daily users tend disproportionately to mention psychological coping motives in explaining their own use—such things as "to get away from my problems," "to get through the day," or "because of anger and frustration."

- On a checklist of fifteen problems which might result from marijuana use, the ones checked most frequently by seniors using daily in 1979 were (a) that it caused them to have less energy (42%), (b) that it hurt their relationships with their parents (38%), (c) that it hurt their school and/or job performance (34%), and (d) that it caused them to be less interested in other activities (31%).

Reasons for the Changes in Frequent Marijuana Use

In 1981, at two national conferences on marijuana, we reported further on the reasons young people (including frequent users) have been giving for abstaining from use of marijuana, or for quitting its use. We also reported on the problems which daily (or near-daily) marijuana users see as resulting from their use of that drug.* Some of the key findings follow:

- As is documented in the present volume, a change in availability does not seem to account for the observed decline in marijuana use, since about 90% of every graduating class since 1975 has said they think marijuana, if they wanted some, would be "very easy" or "fairly easy" for them to get. Further, fewer of the abstainers and quitters (combined) in recent classes list price as a deterrent to their use than was true in 1977, when we first started measuring this factor. Thus, increased control of the supply of the drug does not seem to be the critical factor in recent changes in use.

- On the demand side, we have already documented that the risk of harm perceived to be associated with marijuana use—particularly regular use—has risen among seniors as a whole. Further evidence linking this change in beliefs about the drug to change in behavior can be drawn from the reasons which abstainers have been giving for their abstention from use, and the reasons quitters have been giving for quitting use.

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*See L. Johnston, "A review and analysis of recent changes in marijuana use by American young people," and "Frequent marijuana use: Correlates, possible effects, and reasons for using and quitting," invited papers delivered to conferences of the American Council on Marijuana on December 4, 1981 and May 4, 1981 respectively. (Both are available from the author.)

- On a long and comprehensive list of reasons they could check as contributing to their decision not to use, those reasons for abstention most frequently chosen by non-users in the class of 1981 were concern about "possible physical damage" (72%) and concern about "possible psychological damage" (71%). More abstainers mentioned these than any moral, legal, or social constraints. And these numbers are up some from 1976, when 63% of abstainers mentioned possible physical effects and 66% mentioned possible psychological damage.

- Of even greater relevance, among the more frequent users in the class of 1981 (that is, among those who reported using forty or more times in their life) who had quit using (a total of 118 respondents), concern about possible physical and psychological effects are also frequently mentioned as reasons for quitting (by 51% and 53%, respectively). Also ranked high is their specific concern "about loss of energy or ambition" (checked by 52% of them).

- Trends in reasons for quitting, based on all respondents in each graduating class who had quit use, show that the proportion mentioning concerns about physical health jumped by a full 24% between 1976 and 1981 (from 35% to 59%), and those concerned about psychological damage also jumped 24% (from 34% to 58%). While a number of other reasons for quitting use also were mentioned with increasing frequency, these were the largest increases. There was also a jump of 17% (to 40%) in the numbers concerned about loss of energy.

- The problems experienced by current, frequent (daily) marijuana users may also tell us something about why past frequent users have quit. (They may also tell us more about why fewer people become frequent users now, given that the problems of frequent users probably became more visible to all students in the late 1970's as the number swelled.) An examination of the types of problems checked as resulting from marijuana use showed the following results for current, daily-using seniors who answered the relevant questionnaire form in either 1980 or 1981 (combined number of respondents = 414). On a checklist of fifteen potential problems, the one selected by most daily marijuana users (43%) was that it caused them to have less energy. Perhaps related to this, 37% thought it caused them to be less interested in other activities and 34% thought it hurt their performance in school and/or on the job. Some 37% thought it interfered with their ability to think clearly (though it is not clear whether they are referring to acute or longer-lasting effects), and 39% thought that their marijuana use had hurt their relationship with their parents. These are quite substantial proportions to not only be aware of, but be willing to admit having, these various problems.

Other Data on Correlates and Trends

Hundreds of correlates of drug use, without accompanying interpretation, may be found in the series of annual volumes from the study entitled Monitoring the Future: Questionnaire Responses from the Nation's High School Students.* For each year since 1975, a separate hard-bound volume presents univariate and selected bivariate distributions on all questions contained in the study. Many variables dealing explicitly with drugs—variables not discussed here—are contained in that series; and bivariate tables are provided for all questions each year distributed against an index of lifetime illicit drug involvement. A special cross-time reference index is contained in each volume to facilitate locating the same question across different years. One can thus derive trend data on some 1500 to 2000 variables for the entire sample, or for important sub-groups (based on sex, race, region, college plans, or drug involvement).

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*This series is available from the Publications Division, Institute for Social Research, The University of Michigan, Ann Arbor, Michigan 48109.

Appendix A

REPRESENTATIVENESS AND VALIDITY

As discussed in the Introduction to this report, the data reported herein are intended to be representative of high school seniors throughout the 48 coterminous states. Four factors were noted which could render the data less than fully accurate: (1) some schools which are sampled fail to participate; (2) some students who are sampled fail to participate; (3) the answers of some participating students may be distorted; and (4) the sample selected may not be truly representative of the total population. The effects of this last factor can be estimated statistically; in Appendix B the estimates are presented and discussed. The possible effects of the other three factors, however, are not amenable to such precise quantification; rather, their effects are more matters of informed judgment. In the following sections we discuss and offer our judgments on each, elaborating on the facts which underlie our inferences.

School Participation

The study is designed in such a way that each year (after the first), the sample of schools consists of half participating for the first time, and half participating for the second time. Of the 128 schools initially selected in 1975, we eventually secured cooperation and collected data from 102. This represents a participation rate of 79% for the halfsample invited to participate for two years, and 81% for the half-sample invited to particpate for only one. For the remaining 26 schools, whose cooperation was not secured, substitute schools were selected to match closely the nonparticipating schools according to their goodness of fit on several criteria. These substitute schools were from the same geographic areas, from similar neighborhoods, and of similar size and racial composition. In the event of a refusal by the substitute school, a second (and if necessary, a third or fourth) substitute school was selected and invited to participate. Cooperation was obtained from an original or a substitute school in all but one or two instances each year. In the very few cases where no school was obtained, compensatory weighting of the data from similar participating schools was used to improve the population estimates.

In 1976 and subsequent years, participation rates for the new half samples of schools have ranged from 66% to 80%. Half of the sample in each of these years consisted of repeat schools, schools which had participated in the previous year. The rates of repeat (i.e., second-year) participation range from 95% to 100%. Any schools which dropped out were replaced with substitute schools.

Reasons for Nonparticipation by Schools. Securing the cooperation of selected schools is often a long and arduous process. No school is an isolated unit; each is part of a larger local school district or system. Frequently, approval for a school's participation in the survey is required from some official in addition to the principal of the selected school. In some cases this is the superintendent or, particularly in the larger systems, an official whose approval is required for all research conducted in the system.

Complicating the process is the fact that considerable variation exists in the local laws governing research conducted in schools. In some cases, parental consent must be obtained. School boards, teacher associations, and parent associations all may have a voice in whether or not a school participates.

Efforts to secure cooperation entail letters, telephone calls, and occasionally a personal visit from some member of the survey staff. Most of this personal contact is now being carried out by University of Michigan doctoral students who have had previous experience themselves in school administration, either as superintendents, principals, or other high level administrators.

The standard procedure involves an initial telephone contact with the principal of a selected school after s/he has received a letter of invitation. Many of the refusals come at this point. The reasons most commonly given are that the school objects to using student time for surveys, that the school has already participated in too many surveys that year, that there is some temporary crisis or disruption in the system that year (mandatory integration, a teacher strike, budgetary difficulties), that the necessary people will not approve the survey due to its content, or that they fear adverse parental reaction to a survey dealing with social issues. Often a principal will want, or be required, to obtain approval from another source even if the principal favors participation. The reasons given for refusal at these higher levels tend to be the same as those listed above.

It should be remembered that there is no concrete incentive or reward for a school's participation, other than a promise of future reports from the study. Therefore, the major motivation for most administrators is their desire to contribute to the goals of the research. Given the obstacles of the type listed above which arise from time to time in particular schools, it is not surprising that some decline to participate each year.

Though somewhat of an aside, it may be useful to note the participation rates obtained in other studies of similar populations. The most comparable study was performed for the National Institute on Alcohol Abuse and Alcoholism (Rachal et al., 1980). This study of drinking behavior among youth drew a nationally representative sample of 75 schools with Grades 10 through 12 for questionnaire administrations in 1978. The researchers were able to obtain cooperation from 63% of the original 75 schools.

Another large national study is the National Longitudinal Study of the High School Class of 1972. This study, which did not contain questions about drug use, obtained cooperation from 80% of the initially sampled schools (Fetters, 1975). The Youth in Transition Study samples of high school students, conducted at the Institute for Social Research in 1966, obtained a school participation rate of 81% (Bachman, 1971). Finally, the congressionally mandated Equality of Educational Opportunity study, conducted in 1965, obtained pupil questionnaires and tests from no more than 67% of the sampled high schools (Coleman et al., 1966).

Given the sensitive nature of the questions in the present study, and the increased conservatism of school administrators concerning research (because of the new, poorly understood privacy laws), we feel that the present participation rates are about as good as can be managed in a survey of this type.

Effects of Nonparticipation. It is reasonable to ask whether nonparticipation of some of the originally sampled schools is likely to have a significant effect on the findings. Insofar as population estimates of drug use and attitudes are concerned, the answer depends on two factors: the size of the refusal rate and the similarity of the substitute schools to the original schools they are replacing. With respect to the first factor, only between one-fifth and one-third of the schools are substitutes during any given year. With respect to the second factor, the substitutes are chosen to be similar as possible to the original school. There is no particular reason to expect that the students in schools which refuse are greatly different from those in schools which agree to participate. The reasons for school nonparticipation are based primarily on general policy issues and/or on somewhat happenstance events which are not likely to relate systematically to student drug use. In sum, the school refusal rate is not excessively high compared with other school-based studies, and the substitute schools seem likely to be quite similar to the refusal schools.

There is one additional point to be considered. Insofar as monitoring change is concerned, the effects of school nonparticipation should be minimal. Any systematic biases that might emerge (say, underrepresenting politically conservative districts) should be approximately replicated from year to year, so the trend data should accurately reflect any major changes which might be occurring. A partial check on the adequacy of the sample of schools is to compare trend data based on the total sample with trend data based only on the half-sample which remains constant from one year to the next. Since this half-sample consists of the same set of schools, the trends cannot be affected by schools' participation or refusal. We have examined drug use trend estimates, comparing the data from all schools with the data from only the matched half-samples. These estimates were extremely similar, suggesting that any errors due to sampling of schools is constant.

Student Participation

We are now obtaining useable questionnaires from over 80% of the seniors in our target sample (a figure which, incidentally, compares favorably with most national household surveys these days). While a very few (under 2%) explicitly refuse to complete the questionnaires, most of the non-respondents are absent from school on the day of the administration. (Absentee rates tend to be higher than average in the last third of senior year due to several factors, particularly a higher frequency of extracurricular activities.) Because only one survey administration is conducted in each school (except in cases where the participation rate is less than 70%), students who are absent from class on that day are excluded. Since students with higher absentee rates tend to have higher than average rates of drug use (Kandel, 1975a), missing them is likely to have some effect on drug use estimates.

It is possible to use the absenteeism records of actual respondents in adjusting drug use estimates to correct for absenteesm. The logic of the adjustment is as follows. A student's probability of being administered the questionnaire is inversely proportional to his or her absentee rate. For example, students who are absent about half the time have only a 50% chance of being present on the survey day; but assuming that on any given day a random half of such students are present, their data can be double-weighted to represent the random half who are absent. One need only determine the probability that students who are present on the survey day would be present on any given day, which can be done by asking how many days during the past 20 days (for example) the student was absent. Each student's data can then be weighted by a factor equal to 20/(20 minus the number of days absent). Thus, a student absent zero days would have a weight equal to 1, and a student absent the maximum of 19 days would have a weight equal to 20.

While this method of adjusting for absenteeism has some appeal, we have thus far elected not to incorporate the correction into the data we report. There are several reasons for this decision. First, after we made such adjustments to the drug usage rates using the data on absenteeism, we found that the adjusted figures were only slightly higher than the unadjusted ones. (For example, overall prevalence figures were usually increased by only one-half to 2.7 percent for the various drugs.) The complexity of computing adjusted data did not seem to be justified by such slight changes. Second, the very disparate weights created by this adjustment substantially increase the sampling variance (Kish, 1965, p. 560). Finally, as has been pointed out earlier, this study focuses on trends, and any systematic, consistent errors are not likely to affect trend data. Thus, we conclude that the effects of student nonparticipation on prevalence and trend estimates are minimal and not worth the cost and difficulty of correction.

Validity of Self-Report Data

A basic question in all survey work is the extent to which to believe what respondents say, in this case what they say about their use of drugs. While there is no direct, objective validation of our self-report measures, a good deal of inferential evidence exists to support their validity:

1. Fully two thirds of our respondents admit to some illegal use of drugs.

2. There are some rather substantial and predictable relationships between self-reported drug use and other items dealing with attitudes about drug use, and with behaviors such as academic performance, delinquency, and the self-reported use of licit drugs (Bachman, Johnston, & O'Malley, 1981; Johnston, 1973; Johnston, O'Malley, & Eveland, 1978). In other words, there is considerable empirical evidence of construct validity.

3. The missing data rates on the drug use questions are just about normal for that point in the questionnaire, even though respondents specifically are instructed to leave blank any questions they feel they cannot answer honestly. For all drugs except marijuana, the rate of missing data runs between 2.5% and 3.0%, while the average amount of missing data for the preceding questions runs between 1.8% and 2.2%. For marijuana the missing data rate in 1977 is 4.5%, suggesting rather slight underreporting by intentional skipping of questions.

4. Although the longitudinal design of the present study precludes our providing absolute anonymity to respondents, anonymity has appeared to make little difference in self-reported drug use. Other investigators have compared groups differing in degree of anonymity and found little or no difference in self-reports (Haberman et al., 1972; Leutgert & Armstrong, 1973).

5. A number of methodological studies (e.g., Petzel, Johnson, & McKillip, 1973) have included fictitious drugs in survey questionnaires. These fictitious drugs have shown very low levels of reported use, indicating that intentional overreporting is likely to be minimal.

6. Studies employing other data collection methods have shown similar prevalence rates of drug use for the same age group (Abelson & Atkinson, 1975; Abelson & Fishburne, 1976; Abelson, Fishburne, & Cisin, 1978; Fishburne, Abelson, & Cisin, 1979; and O'Donnell et al., 1976).

7. Methodological studies have utilized various methods to determine the validity of self-report data: urinalysis for drug use; polygraph verification; official police, court, and treatment agency documents; and reports by peers, parents, and teachers. Generally, the findings from these studies have been encouraging (see, for example, Amsel et al., 1976; Bonito et al., 1976; Hubbard, Eckerman, & Rachal, 1976). Gold has reviewed the literature on self-reported delinquent behavior of adolescents and concluded that "the best single measure of delinquent behavior available is self-report of delinquency, and (that)... it is accurate enough for use in rigorous research designs and with sophisticated statistics" (1977).

8. There is a very high degree of correspondence in the aggregate level data presented in this report among seniors' self-reports of their own drug use, their reports concerning friends' use, and their own exposure to use. Drug-to-drug comparisons in any given year across these three types of measures tend to be highly parallel, as do the changes from year to year. We take this consistency as additional evidence

> for the validity of the self-report data, since there should be less reason to distort answers on friends' use, or general exposure to use, than to distort the reporting of one's own use.

While there is almost certainly some degree of underreporting of illicit drug use on self-report surveys, we feel that it is far less than most people intuitively assume. Further, for purposes of monitoring trends across time, a fairly constant degree of underreporting should have almost no effect on trend estimates. (For a further discussion of this latter point, see Johnston, 1977a.)

Appendix B

ESTIMATION OF SAMPLING ERRORS

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The errors possible in an estimate based on a sample survey like the present study can be classified into two categories--sampling and nonsampling. Several possible sources of nonsampling errors have been discussed in Appendix A; in the present appendix we focus on sampling errors.

Sampling errors occur because observations are made only on a sample, not on the entire population under study. There are roughly three million seniors located in more than twenty thousand high schools throughout the coterminous United States. Our samples of about 16,000 to 18,000 seniors clustered in about 125 schools can provide close, but less than perfect, estimates of the responses that would have been obtained if all seniors had been asked to complete the survey questionnaires.

Confidence Intervals and Significant Differences

For any particular percentage resulting from a sample survey we cannot know exactly how much error has resulted from sampling. We can, however, make reasonably good estimates of "confidence intervals"--ranges within which the true population value is very likely to fall. For example, Table 1-1 reports that 59.2% of the seniors sampled from the class of 1978 reported using marihuana at least once in their lifetime. The table also lists a lower limit of 57.2% and an upper limit of 61.2%. These upper and lower boundaries demarcate the 95% confidence interval, which means that the chances are 19 out of 20 (95%) that the true value of the underlying population lies between these limits. A somewhat wider set of limits (in the case of the marihuana illustration they would be from 56.5% to 61.8%) indicate the 99% confidence interval, and a still wider set indicate the 99.9% confidence interval (i.e., there is only 1 chance in 1000 that the true population value would lie beyond these limits).

A confidence interval can be applied to the difference between two percentages, as well as to any single percentage. For example, the difference between the high school classes of 1977 and 1978 in percentages ever using marihuana is 2.8% as shown in Table 1-3, and the 95% confidence limits for that difference are from 0.7% to 4.9%. In other words, the chances are 95 out of 100 that the true population difference between the classes of 1977 and 1978 is at least as large as 0.7% but no larger than 4.9%. The 99% confidence interval would be from -0.8% to 6.4%. Since the lower value for the 95% confidence interval is larger than zero, we can say that the difference between the percentage for 1977 and that for 1978 is "significant at (or beyond) the .05 level," meaning that the chances are less than 5 in 100 that the true values for 1977 and 1978 do not differ (by at least some amount) in the direction shown. (It happens that this difference falls slightly short of significance at the .01 level, because the lower limit is less than zero.)

Factors Influencing the Size of Confidence Intervals in this Report

The most straightforward types of samples, from a statistical standpoint at least, are simple random samples. In such samples the confidence limits for a proportion are influenced by the size of the sample or subgroup being considered, and also by the size of the proportion. For example, the 95% confidence interval for a proportion (p) based on a simple random sample is approximated by: $p \pm 1.96\sqrt{p(1-p)/N}$. In a complex probability sample such as the present one, there are a number of other factors which influence the size of confidence limits. In this section we list all of the factors which have been taken into account in calculating the confidence intervals used in this report beginning with the most simple factors and then proceeding to the more complex.

Number of Cases (N). Other things equal, the larger the size of a sample (or subgroup within a sample), the smaller or more precise will be the confidence interval for a percentage based on that sample. One of the factors determining the size of the confidence interval is $1/\sqrt{N}$. Thus, for example, if all other things were equal a sample of 400 would have confidence intervals half as large (or twice as precise) as a sample of 100, because $1/\sqrt{400}$ is half as large as $1/\sqrt{100}$.

Size of Percentage. Other things equal, percentage values around 50% have larger confidence intervals than higher or lower percentage values. This is because another of the factors determining the size of the confidence interval is $\sqrt{p(1-p)}$ where p is a proportion ranging from 0 to 1.0 (or, to put it in percentage terms, the factor is $\sqrt{x\%(100-x\%)}$). Thus, for example, a proportion of either .1 or .9 (i.e., a percentage of either 10% or 90%) will have a confidence interval only three fifths as large as the confidence interval around a proportion of .5 (or 50%), because $\sqrt{.1(1-.1)}$ is three fifths as large as $\sqrt{.5(1-.5)}$.

Design Effects in Complex Samples. Under conditions of simple random sampling a confidence interval can be determined simply on the basis of the number of cases and the percentage value involved. More complex samples, such as the one used in the present study, make use of stratification and clustering and often differential weighting of respondent scores, and these all influence sampling error. While stratification tends to heighten the precision of a sample, the effects of clustering and weighting reduce precision (compared with a simple random sample of the same size). Therefore, it is not appropriate to apply the standard, simple random sampling formulas to such complex samples in order to obtain estimates of sampling errors, because they would almost always underestimate the actual sampling errors.

Methods exist for correcting for this underestimation, however. Kish (1965, p. 258) defines a correction term called the design effect (DEFF), where:

$$\text{DEFF} = \frac{\text{actual sampling variance}}{\begin{array}{l}\text{expected sampling variance}\\ \text{from simple random sample}\\ \text{with same number of elements}\end{array}}$$

Thus, if the actual sampling variance in a complex sample is four times as large as the expected sampling variance from a simple random sample with the same number of cases, the DEFF is 4.0. Since confidence intervals are proportionate to the square root of variance the confidence intervals for the complex sample would be twice as large (because the square root of 4 is 2) as the confidence interval from a simple random sample with the same number of cases.

A fairly simple and straightforward way of applying the concept of design effect may be to note that an increase in design effect has the same impact on precision as a reduction in the number of cases in a simple random sample. For example, a sample of 4000 cases with a design effect of 4.0 would have the same degree of precision (the same size confidence intervals around various percentages) as a simple random sample of 1000. Thus it is possible to convert actual sample Ns into "effective Ns" by the simple expedient of dividing the actual sample Ns by the design effect. The advantage of doing so is that we can then apply formulas and tables based on simple random sampling without underestimating the actual sampling errors involved in complex samples.* As we shall see below, the "effective Ns" for the present study are substantially smaller than the actual numbers of cases. This would be true to some degree for nearly all complex samples, but is more true in a highly clustered sample like the present one.**

In principle, every different statistic resulting from a complex sample such as the present one can have its own design effect, and different statistics in the same sample may have quite different design effects. However, it is not feasible to compute every design effect, nor would it be feasible to report every one. Thus, in practice, design effects are averaged across a number of statistics and these average values are used to estimate the design effects for other statistics based on the same sample. Often a single design effect is applied to all statistics of a given type (e.g., percentages) for a given sample. In the present study, however, a rather extensive exploration of design effects revealed systematic differences that prompted us to employ several different average design effects. These systematic differences have to do with the particular measures being examined, the subgroups involved, and the question of whether a trend over time is being considered.

Measures: Drug Use Estimates. There is some tendency for drug usage levels to differ from one school to another, which increases the design effect for samples clustered in schools. The degree of difference among schools varies considerably from one drug to another; therefore, it has proven useful to estimate different sets of average design effects for different classes of drugs. Thus alcohol use and marihuana use both have relatively high design effects. Heroin, on the other hand, shows rather little difference from school to school and thus has relatively low design effects.

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*In studies that make a single estimate of design effect for all data derived from the sample, this conversion into "effective Ns" offers less of an advantage, since a single design effect can be incorporated directly into the sampling error tables. However, in the present study we feel it is most accurate to develop a number of different design effects for different variables, which makes the strategy of converting to "effective Ns" particularly useful.

**It may be worth noting that if the same funds were spent to obtain a simple random sample (unclustered), many fewer cases could be obtained because of the rise in cost per respondent--fewer than the "effective Ns" that result from the present sample. Thus the overall precision of our population estimates would be lower--probably by a considerable margin.

The period over which use is reported also is linked to the size of the design effect. With a rather high degree of regularity it turns out that design effects for measures of use during lifetime are a bit higher than corresponding (i.e., same drug) design effects for measures of use during the past twelve months, while measures of use during the past thirty days have lower design effects than the twelve month measures. (One important exception to this general pattern is alcohol.)

The tables of "effective Ns" presented in this appendix have been developed in sufficient detail to take account of these differences in design effects from one drug to another, and from one period of use to another.

Subgroup Estimates. An exploration of design effects for different subgroups in the sample for 1977 (and also the sample for 1976) revealed several systematic differences which have been incorporated into the tables of "effective Ns." Two sets of subgroups, males versus females, and those planning four years of college versus those planning less than four years of college, can be described as "cross-class" subgroups because each subgroup is represented in all of the different clusters in the sample. All (or virtually all) of the schools in the sample have both male and female students, as well as some students who plan for four years of college and other students who do not. Thus, each of these four subgroups is spread across the same number of clusters as is the total sample. Since each subgroup includes roughly half of the total sample, the average number of cases per cluster is about half as large as for the total sample, and this leads to a smaller design effect than is found for the total sample.

In the special cases of comparisons between males and females or between college bound and noncollege-bound seniors, the design effects are still smaller. The technical explanation for this phenomenon is that there is a higher degree of covariance between such subgroup pairs than would be the case in a comparison of independent subgroups. In a comparison of males and females, for example, their characteristics, within each school, are generally more alike than they would be if we had chosen all the males from that school but all the females from a separate, independently chosen school. For this reason, the tables of "effective Ns" include additional entries which apply only for comparisons between males and females and between the two college plans groups.

The other sets of subgroups examined in this report are four geographic regions and three levels of population density. These subgroups, unlike those discussed above, do not cut across all clusters (schools). Rather, they can be described as "segregated" subgroups, because each school falls into only one regional category and only one category of population density. For these segregated subgroups the average number of cases per cluster is about the same as is found in the total sample, and thus the design effects are not lower than those for the total sample. (In the case of the West, the design effects are consistently larger than for the other regions.)

Analyses of Trends. Thus far our discussion of design effects has dealt only with confidence intervals for groups and subgroups within a single year. But one of the central purposes of the present study is to monitor trends across years, and we have noted elsewhere in this report that procedures have been standardized across years insofar as possible in order to provide sensitive measurement of change. One of the factors designed to produce an added degree of consistency from one year to the next is the use of each school for two data collections, which means that for any two successive years half of the sample of schools is the same. This, plus the fact that the other half of the school sample in a given year is from the same primary sampling units as the half sample it replaced, means that there is a good deal of consistency in the sampling and clustering of the sample from one year to the next. As a result, when cross year comparisons are made (say, between 1975 and 1976), the design effects are appreciably smaller (i.e., the efficiency is greater) than if completely independent samples of schools had been drawn each year. In other words, the 1975 and 1976 samples are not independent; on the contrary, there is a considerable degree of covariance between them. A similar level of covariance occurs between any pair of adjacent-year samples (e.g., 1977 and 1978), because about half of the schools were included in both samples.

In order to take account of these reduced design effects for trend comparisons across adjacent years, the tables of "effective Ns" include entries specifically designated for analyses of "one-year trends".

Procedures for Ascertaining Confidence Intervals

As indicated earlier, the fact that a number of different design effects have been estimated for this study rules out the use of a single set of confidence interval tables which have "built in" adjustments for the design effect. An alternative strategy is to apply the various design effects to the actual numbers of cases in the sample in order to estimate "effective Ns"--the number of cases in a simple random sample that would be needed to provide the same level of precision as our actual sample. Once an "effective N" has been provided, it is then a straightforward matter to use it in a simple random sampling table to find the confidence interval around an observed percentage, or around an observed difference between two percentages. (The "effective N" values can also be used in any standard statistical formulas that assume simple random sampling.)

Guide to Using the Tables. Table B-1 provides guidelines for determining and using "effective Ns".

Tables B-2 through B-10 provide "effective N" values for virtually every percentage included in this report. Note that Tables B-2 through B-7 deal with prevalence of use estimates for the various drugs. Table B-8 deals with use prior to tenth grade (all drugs). Table B-9 deals with thirty-day prevalence of daily use of marihuana, alcohol, and cigarettes. Table B-10 deals with various additional variables. (Table B-10 is different from the other "effective N" tables in that rather than providing actual numerical values, it provides instructions for obtaining the desired values.)

Tables B-11 and B-12 present the statistical tables in which the "effective Ns" are then applied. Table B-11 presents confidence intervals for single percentages, and Table B-12 presents confidence intervals for the differences between two percentages. Finally, Tables B-13 and B-14 report the design effect estimates which were used to produce the "effective Ns" listed in Tables B-2 through B-9.

Some further description of Tables B-2 through B-9 may be helpful. Each of these tables provides separate columns for each year (1975, 1976, and all subsequent years) and separate rows for each subgroup and for the total sample. Tables B-2, B-3, B-5, and B-7 also provide separate columns for each period of usage (lifetime, twelve months, thirty days). Most cells in each table have two entries, one marked "Standard" and the other marked "1-yr Trend." The "Standard" value is to be used for ascertaining the confidence interval around any single percentage, and also most comparisons of two different subgroup percentages. However, for comparisons between males and females (within the same year), or between the two college plans groups (within the same year), another cell entry is provided and labelled "Comparison." For analyses of one-year trends for the total sample or a particular subgroup (e.g., males in 1976 compared with males in 1977) the entry labelled "1-yr Trend" is used.

TABLE B-1

Guidelines for Using "Effective N" and Confidence Limit Tables

Step 1 Determine which of the confidence intervals below is desired:	Step 2 Locate appropriate "Effective N" Table (B-2 through B-10); use the cell entry labeled:	Step 3 Using the "Effective N," locate confidence limits (95% level)[a] in:
-- Single percentage value for a subgroup or total sample	Standard	Table B-11
-- Difference between two subgroups in the same year		
-- Comparison of males and females, or comparison of college plans groups (must involve same drug and period of usage)	Comparison	Table B-12
-- All other differences between two subgroups in the same year	Standard	Table B-12
-- Difference, or trend, between two years (comparison must involve same group or subgroup, drug, and period of usage)		
--Comparison of two adjacent classes: e.g., 1977 vs. 1978	1-yr Trend	Table B-12
--Comparison of non-adjacent classes: e.g., 1975 vs. 1978	Standard[b]	Table B-12
-- Any other difference between two subgroups	Standard	Table B-12

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[a] The confidence limits provided in Tables B-11 and B-12 are the 95% limits (two-tailed), 1.960 standard errors. Different confidence limits can be computed by multiplying by an appropriate constant. For example, the table values can be multiplied by 1.314 (i.e., 2.576/1.960) to yield the 99% confidence limits, or by 1.679 (i.e., 3.291/1.960) to yield the 99.9% confidence limits.

[b] The design effects for trends were computed for the 1976 and 1977 samples, for which about half of the participating schools were the same. For a comparison of classes more than one year apart, this overlapping of schools does not apply; therefore, the design effects are larger and the "effective Ns" are smaller. The use of the Standard values is no doubt somewhat conservative.

TABLE B-2

"Effective N" Values for Percent Using Heroin, or Percent Using Other Opiates

	Class of 1975			Class of 1976			1977 and 1978			1979 and 1980			Class of 1981		
	Life	Year	Month	Life	Year	Month	Life	Year	Month	Life	Year	Month	Life	Year	Month
All seniors															
Standard	4100	4900	6000	5500	6500	7900	5800	7000	8500	5100	6100	8500	5700	6800	8300
1-yr Trend	*6000*	*6800*	*7800*	*7900*	*9000*	*10400*	*8500*	*9600*	*11100*	*7400*	*8400*	*9600*	*8300*	*9500*	*10900*
Sex:															
Male															
Standard	2600	3000	3400	3600	4100	4700	3600	4200	4900	3500	4000	4700	3700	4300	5000
1-yr Trend	*3400*	*3800*	*4200*	*4700*	*5200*	*5800*	*4900*	*5300*	*5900*	*4700*	*5100*	*5700*	*5000*	*5500*	*6000*
Comparison	3700	4000	4400	5100	5600	6100	5300	5700	6200	5100	5500	6000	5400	5800	6400
Female															
Standard	2800	3300	3800	3500	4000	4700	4000	4600	5300	3600	4100	4800	3800	4400	5100
1-yr Trend	*3800*	*4100*	*4600*	*4700*	*5100*	*5700*	*5300*	*5800*	*6500*	*4800*	*5300*	*5800*	*5100*	*5600*	*6200*
Comparison	4100	4400	4800	5100	5500	6000	5800	6300	6800	5200	5600	6100	5500	6000	6500
College Plans:															
None or under 4 yrs															
Standard	NA	NA	NA	3200	3700	4200	3300	3800	4400	3000	3400	4000	3000	3400	4000
1-yr Trend	*NA*	*NA*	*NA*	*4200*	*4700*	*5200*	*4400*	*4900*	*5400*	*4000*	*4400*	*4800*	*4000*	*4400*	*4800*
Comparison	NA	NA	NA	4200	4700	5200	4400	4900	5400	4000	4400	4800	4000	4400	4800
Complete 4 yrs															
Standard	NA	NA	NA	3500	4100	4700	4000	4500	5300	3800	4400	5100	4300	4900	5700
1-yr Trend	*NA*	*NA*	*NA*	*4700*	*5200*	*5700*	*5300*	*5800*	*6400*	*5100*	*5600*	*6200*	*5700*	*6300*	*7000*
Comparison	NA	NA	NA	4700	5200	5700	5300	5800	6400	5100	5600	6200	5700	6300	7000
Region:															
Northeast															
Standard	990	1200	1400	1300	1600	1900	1500	1800	2200	1300	1500	1900	1300	1600	2000
1-yr Trend	*1400*	*1600*	*1900*	*1900*	*2200*	*2500*	*2200*	*2500*	*2900*	*1900*	*2100*	*2400*	*2000*	*2200*	*2500*
North Central															
Standard	1300	1500	1900	1700	2000	2400	1800	2100	2600	1800	2100	2600	1700	2100	2500
1-yr Trend	*1900*	*2100*	*2500*	*2400*	*2800*	*3200*	*2600*	*2900*	*3400*	*2600*	*2900*	*3400*	*2500*	*2900*	*3300*
South															
Standard	1100	1300	1600	1400	1600	2000	1600	2000	2400	1600	1900	2300	1700	2100	2500
1-yr Trend	*1600*	*1800*	*2100*	*2000*	*2300*	*2600*	*2400*	*2700*	*3100*	*2300*	*2600*	*3000*	*2500*	*2900*	*3300*
West															
Standard	650	800	980	950	1200	1400	790	970	1200	780	960	1200	790	970	1200
1-yr Trend	*1100*	*1200*	*1400*	*1600*	*1800*	*2100*	*1300*	*1500*	*1700*	*1300*	*1500*	*1700*	*1300*	*1500*	*1700*
Population Density:															
Large SMSA															
Standard	1300	1500	1800	1700	2000	2500	1800	2100	2600	1600	1900	2300	1500	1800	2100
1-yr Trend	*1800*	*2100*	*2400*	*2500*	*2800*	*3200*	*2600*	*3000*	*3400*	*2300*	*2600*	*3000*	*2100*	*2400*	*2800*
Other SMSA															
Standard	1900	2300	2700	2400	2900	3600	2600	3200	3900	2500	3000	3700	2300	2800	3400
1-yr Trend	*2700*	*3100*	*3600*	*3600*	*4000*	*4600*	*3900*	*4400*	*5000*	*3700*	*4200*	*4800*	*3400*	*3800*	*4400*
Non-SMSA															
Standard	1000	1200	1400	1300	1600	1900	1400	1600	2000	1400	1600	2000	1900	2300	2800
1-yr Trend	*1400*	*1600*	*1900*	*1900*	*2200*	*2500*	*2000*	*2300*	*2600*	*2000*	*2300*	*2600*	*2800*	*3200*	*3700*

TABLE B-3

"Effective N" Values for Percent Using Any of the Following Drugs: Hallucinogens, Cocaine, Sedatives, Stimulants, Tranquilizers

	Class of 1975			Class of 1976			1977 and 1978			1979 and 1980			Class of 1981		
	Life	Year	Month	Life	Year	Month	Life	Year	Month	Life	Year	Month	Life	Year	Month
All seniors															
Standard	2200	2900	3800	2900	3800	5000	3100	4000	5300	2800	3500	4600	3100	4000	5200
1-yr Trend	*3800*	*4600*	*5600*	*5000*	*6000*	*7400*	*5300*	*6400*	*7900*	*4600*	*5600*	*7000*	*5200*	*6300*	*7800*
Sex:															
Male															
Standard	1600	2000	2500	2300	2800	3400	2300	2800	3500	2200	2700	3400	2400	2900	3600
1-yr Trend	*2500*	*2900*	*3300*	*3400*	*4000*	*4600*	*3500*	*4100*	*4700*	*3400*	*3900*	*4500*	*3600*	*4200*	*4800*
Comparison	2800	3200	3600	3900	4400	5000	4000	4500	5100	3800	4300	4900	4100	4600	5200
Female															
Standard	1800	2200	2700	2200	2700	3400	2500	3100	3800	2300	2800	3500	2400	3000	3700
1-yr Trend	*2700*	*3200*	*3700*	*3400*	*3900*	*4600*	*3800*	*4500*	*5200*	*3500*	*4000*	*4700*	*3700*	*4300*	*4900*
Comparison	3100	3500	4000	3800	4400	4900	4300	4900	5600	3900	4500	5000	4200	4700	5300
College Plans:															
None or under 4 yrs															
Standard	NA	NA	NA	2000	2500	3100	2100	2600	3200	1900	2300	2900	1900	2300	2900
1-yr Trend	*NA*	*NA*	*NA*	*3100*	*3600*	*4100*	*3200*	*3700*	*4300*	*2900*	*3300*	*3900*	*2900*	*3300*	*3900*
Comparison	NA	NA	NA	3100	3600	4100	3200	3700	4300	2900	3300	3900	2900	3300	3900
Complete 4 yrs															
Standard	NA	NA	NA	2300	2800	3400	2500	3100	3800	2400	3000	3700	2700	3400	4100
1-yr Trend	*NA*	*NA*	*NA*	*3400*	*3900*	*4600*	*3800*	*4400*	*5100*	*3700*	*4300*	*4900*	*4100*	*4800*	*5600*
Comparison	NA	NA	NA	3400	3900	4600	3800	4400	5100	3700	4300	4900	4100	4800	5600
Region:															
Northeast															
Standard	530	680	900	710	920	1200	810	1000	1400	690	880	1200	720	930	1200
1-yr Trend	*900*	*1100*	*1300*	*1200*	*1500*	*1800*	*1400*	*1700*	*2000*	*1200*	*1400*	*1700*	*1200*	*1500*	*1800*
North Central															
Standard	700	900	1200	900	1200	1500	950	1200	1600	950	1200	1600	940	1200	1600
1-yr Trend	*1200*	*1400*	*1800*	*1500*	*1800*	*2300*	*1600*	*2000*	*2400*	*1600*	*2000*	*2400*	*1600*	*1900*	*2400*
South															
Standard	600	760	1000	740	950	1200	880	1100	1500	840	1100	1400	940	1200	1600
1-yr Trend	*1000*	*1200*	*1500*	*1200*	*1500*	*1900*	*1500*	*1800*	*2200*	*1400*	*1700*	*2100*	*1600*	*1900*	*2400*
West															
Standard	300	400	550	450	590	800	370	490	670	370	480	660	370	490	670
1-yr Trend	*690*	*830*	*1000*	*1000*	*1200*	*1500*	*840*	*1000*	*1200*	*830*	*1000*	*1200*	*840*	*1000*	*1200*
Population Density:															
Large SMSA															
Standard	680	870	1100	910	1200	1500	970	1200	1600	850	1100	1400	800	1000	1300
1-yr Trend	*1100*	*1400*	*1700*	*1500*	*1900*	*2300*	*1600*	*2000*	*2400*	*1400*	*1700*	*2100*	*1300*	*1600*	*2000*
Other SMSA															
Standard	1000	1300	1700	1300	1700	2200	1400	1800	2400	1400	1700	2300	1300	1600	2100
1-yr Trend	*1700*	*2100*	*2600*	*2200*	*2700*	*3300*	*2400*	*2900*	*3600*	*2300*	*2800*	*3400*	*2100*	*2600*	*3200*
Non-SMSA															
Standard	540	690	910	720	920	1200	740	950	1300	740	950	1300	1000	1300	1800
1-yr Trend	*910*	*1100*	*1300*	*1200*	*1500*	*1800*	*1300*	*1500*	*1900*	*1300*	*1500*	*1900*	*1800*	*2100*	*2600*

TABLE B-4

"Effective N" Values for Percent Using Marijuana

	Class of 1975	Class of 1976	1977 and 1978	1979 and 1980	Class of 1981
All seniors					
Standard	1600	2100	2300	2000	2200
1-yr Trend	*2900*	*3900*	*4100*	*3600*	*4000*
Sex:					
Male					
Standard	1500	2000	2100	2000	2100
1-yr Trend	*2300*	*3100*	*3200*	*3100*	*3300*
Comparison	2600	3600	3600	3500	3700
Female					
Standard	1100	1380	1600	1400	1500
1-yr Trend	*1880*	*2300*	*2700*	*2400*	*2500*
Comparison	2200	2700	3100	2800	3000
College Plans:					
None or under 4 yrs					
Standard	NA	1800	1900	1700	1700
1-yr Trend	*NA*	*2800*	*2900*	*2600*	*2600*
Comparison	NA	2800	2900	2600	2600
Complete 4 yrs					
Standard	NA	1400	1500	1500	1700
1-yr Trend	*NA*	*2300*	*2600*	*2500*	*2900*
Comparison	NA	2300	2600	2500	2900
Region:					
Northeast					
Standard	450	600	680	580	610
1-yr Trend	*790*	*1100*	*1200*	*1000*	*1100*
North Central					
Standard	580	750	800	800	780
1-yr Trend	*1000*	*1300*	*1400*	*1400*	*1400*
South					
Standard	500	620	740	710	780
1-yr Trend	*880*	*1100*	*1300*	*1200*	*1400*
West					
Standard	120	170	140	140	140
1-yr Trend	*600*	*880*	*730*	*720*	*730*
Population Density:					
Large SMSA					
Standard	660	900	950	830	780
1-yr Trend	*1100*	*1500*	*1600*	*1400*	*1300*
Other SMSA					
Standard	500	650	700	670	610
1-yr Trend	*1700*	*2200*	*2400*	*2300*	*2100*
Non-SMSA					
Standard	530	700	730	730	1000
1-yr Trend	*900*	*1200*	*1200*	*1200*	*1700*

TABLE B-5

"Effective N" Values for Percent Using Inhalants

	Class of 1976			1977 and 1978			1979 and 1980			Class of 1981		
	Life	Year	Month	Life	Year	Month	Life	Year	Month	Life	Year	Month
All seniors												
Standard	4400	5200	6400	4700	5600	6800	4100	4800	5900	4600	5500	6700
1-yr Trend	*6400*	*7200*	*8300*	*6800*	*7700*	*8900*	*5900*	*6700*	*7700*	*6700*	*7600*	*8700*
Sex:												
Male												
Standard	2800	3300	3800	2900	3400	3900	2800	3200	3700	3000	3400	4000
1-yr Trend	*3800*	*4200*	*4600*	*3900*	*4300*	*4700*	*3700*	*4100*	*4500*	*4000*	*4400*	*4800*
Comparison	4100	4400	4800	4200	4600	5000	4000	4400	4800	4300	4700	5100
Female												
Standard	2800	3200	3800	3200	3700	4300	2900	3300	3800	3100	3500	4100
1-yr Trend	*3800*	*4100*	*4600*	*4300*	*4700*	*5200*	*3800*	*4200*	*4700*	*4100*	*4500*	*5000*
Comparison	4100	4400	4800	4600	5000	5500	4200	4500	4900	4400	4800	5200
College Plans:												
None or under 4 yrs												
Standard	2600	2900	3400	2700	3100	3600	2400	2800	3200	2400	2800	3200
1-yr Trend	*3400*	*3700*	*4100*	*3600*	*3900*	*4300*	*3200*	*3500*	*3900*	*3200*	*3500*	*3900*
Comparison	3400	3700	4100	3600	3900	4300	3200	3500	3900	3200	3500	3900
Complete 4 yrs												
Standard	2800	3300	3800	3200	3600	4200	3100	3500	4100	3400	3900	4600
1-yr Trend	*3800*	*4100*	*4600*	*4200*	*4600*	*5100*	*4100*	*4500*	*5000*	*4600*	*5000*	*5500*
Comparison	3800	4100	4600	4200	4600	5100	4100	4500	5000	4600	5000	5500
Region:												
Northeast												
Standard	1100	1300	1500	1200	1400	1800	1000	1200	1500	1100	1300	1600
1-yr Trend	*1500*	*1700*	*2000*	*1800*	*2000*	*2300*	*1500*	*1700*	*1900*	*1600*	*1800*	*2000*
North Central												
Standard	1300	1600	1900	1400	1700	2000	1400	1700	2000	1400	1700	2000
1-yr Trend	*1900*	*2200*	*2500*	*2000*	*2300*	*2700*	*2000*	*2300*	*2700*	*2000*	*2300*	*2700*
South												
Standard	1100	1300	1600	1300	1600	1900	1200	1500	1800	1400	1600	2000
1-yr Trend	*1600*	*1800*	*2100*	*1900*	*2200*	*2500*	*1800*	*2100*	*2400*	*2000*	*2300*	*2600*
West												
Standard	760	930	1200	650	800	980	620	760	940	620	760	940
1-yr Trend	*1300*	*1500*	*1700*	*1100*	*1200*	*1400*	*1000*	*1200*	*1400*	*1000*	*1200*	*1400*
Population Density:												
Large SMSA												
Standard	1300	1600	2000	1400	1700	2100	1200	1500	1800	1200	1400	1700
1-yr Trend	*2000*	*2200*	*2600*	*2100*	*2400*	*2700*	*1800*	*2100*	*2400*	*1700*	*1900*	*2200*
Other SMSA												
Standard	2000	2300	2800	2100	2500	3100	2000	2400	3000	1900	2200	2700
1-yr Trend	*2800*	*3200*	*3700*	*3100*	*3500*	*4000*	*3000*	*3400*	*3900*	*2700*	*3100*	*3500*
Non-SMSA												
Standard	1100	1300	1500	1100	1300	1600	1100	1300	1600	1500	1800	2200
1-yr Trend	*1500*	*1700*	*2000*	*1600*	*1800*	*2100*	*1600*	*1800*	*2100*	*2200*	*2500*	*2900*

TABLE B-6

"Effective N" Values for Percent Using Alcohol

	Class of 1975	Class of 1976	1977 and 1978	1979 and 1980	Class of 1981
All seniors					
Standard	1200	1500	1600	1400	1600
1-yr Trend	*2200*	*2900*	*3100*	*2700*	*3100*
Sex:					
Male					
Standard	1100	1500	1600	1500	1600
1-yr Trend	*1800*	*2500*	*2600*	*2500*	*2600*
Comparison	2100	2900	3000	2900	3100
Female					
Standard	810	1000	1100	1000	1100
1-yr Trend	*1500*	*1800*	*2100*	*1900*	*2000*
Comparison	1800	2200	2500	2200	2400
College Plans:					
None or under 4 yrs					
Standard	NA	1400	1400	1300	1300
1-yr Trend	*NA*	*2300*	*2400*	*2100*	*2100*
Comparison	NA	2300	2400	2100	2100
Complete 4 yrs					
Standard	NA	1000	1100	1100	1200
1-yr Trend	*NA*	*1800*	*2100*	*2000*	*2200*
Comparison	NA	1800	2100	2000	2200
Region:					
Northeast					
Standard	380	520	590	500	520
1-yr Trend	*700*	*930*	*1100*	*900*	*950*
North Central					
Standard	500	650	690	690	680
1-yr Trend	*910*	*1200*	*1200*	*1200*	*1200*
South					
Standard	430	530	640	610	680
1-yr Trend	*780*	*970*	*1200*	*1100*	*1200*
West					
Standard	80	120	100	100	100
1-yr Trend	*530*	*780*	*650*	*640*	*650*
Population Density:					
Large SMSA					
Standard	490	660	700	610	570
1-yr Trend	*880*	*1200*	*1300*	*1100*	*1000*
Other SMSA					
Standard	420	550	590	560	520
1-yr Trend	*1300*	*1700*	*1900*	*1800*	*1600*
Non-SMSA					
Standard	390	520	540	540	750
1-yr Trend	*700*	*930*	*970*	*970*	*1400*

TABLE B-7

"Effective N" Values for Percent Using Cigarettes

	Class of 1975		Class of 1976		1977 and 1978		1979 and 1980		Class of 1981	
	Life	Month	Life	Month	Life	Month	Life	Month	Life	Month
All seniors										
Standard	2200	2900	2900	3800	3100	4000	2800	3500	3100	4000
1-yr Trend	*3800*	*4600*	*5000*	*6000*	*5300*	*6400*	*4600*	*5600*	*5200*	*6300*
Sex:										
Male										
Standard	1600	2000	2300	2800	2300	2800	2200	2700	2400	2900
1-yr Trend	*2500*	*2900*	*3400*	*4000*	*3500*	*4100*	*3400*	*3900*	*3600*	*4200*
Comparison	2800	3200	3900	4400	4000	4500	3800	4300	4100	4600
Female										
Standard	1800	2200	2200	2700	2500	3100	2300	2800	2400	3000
1-yr Trend	*2700*	*3200*	*3400*	*3900*	*3800*	*4500*	*3500*	*4000*	*3700*	*4300*
Comparison	3100	3500	3800	4400	4300	4900	3900	4500	4200	4700
College Plans:										
None or under 4 yrs										
Standard	NA	NA	2000	2500	2100	2600	1900	2300	1900	2300
1-yr Trend	*NA*	*NA*	*3100*	*3600*	*3200*	*3700*	*2900*	*3300*	*2900*	*3300*
Comparison	NA	NA	3100	3600	3200	3700	2900	3300	2900	3300
Complete 4 yrs										
Standard	NA	NA	2300	2800	2500	3100	2400	3000	2700	3400
1-yr Trend	*NA*	*NA*	*3400*	*3900*	*3800*	*4400*	*3700*	*4300*	*4100*	*4800*
Comparison	NA	NA	3400	3900	3800	4400	3700	4300	4100	4800
Region:										
Northeast										
Standard	530	680	710	920	810	1000	690	880	720	930
1-yr Trend	*900*	*1100*	*1200*	*1500*	*1400*	*1700*	*1200*	*1400*	*1200*	*1500*
North Central										
Standard	700	900	900	1200	950	1200	950	1200	940	1200
1-yr Trend	*1200*	*1400*	*1500*	*1800*	*1600*	*2000*	*1600*	*2000*	*1600*	*1900*
South										
Standard	600	760	740	950	880	1100	840	1100	940	1200
1-yr Trend	*1000*	*1200*	*1200*	*1500*	*1500*	*1800*	*1400*	*1700*	*1600*	*1900*
West										
Standard	300	400	450	590	370	490	370	480	370	490
1-yr Trend	*690*	*830*	*1000*	*1200*	*840*	*1000*	*830*	*1000*	*840*	*1000*
Population Density:										
Large SMSA										
Standard	680	870	910	1200	970	1200	850	1100	800	1000
1-yr Trend	*1100*	*1400*	*1500*	*1900*	*1600*	*2000*	*1400*	*1700*	*1300*	*1600*
Other SMSA										
Standard	1000	1300	1300	1700	1400	1800	1400	1700	1300	1600
1-yr Trend	*1700*	*2100*	*2200*	*2700*	*2400*	*2900*	*2300*	*2800*	*2100*	*2600*
Non-SMSA										
Standard	540	690	720	920	740	950	740	950	1000	1300
1-yr Trend	*910*	*1100*	*1200*	*1500*	*1300*	*1500*	*1300*	*1500*	*1800*	*2100*

TABLE B-8

"Effective N" Values for Use Prior to Tenth Grade (All Drugs)

	Alcohol and Marijuana					All Other Drugs				
	Class of 1975	Class of 1976	1977 and 1978	1979 and 1980	Class of 1981	Class of 1975	Class of 1976	1977 and 1978	1979 and 1980	Class of 1981
All seniors										
Standard	1400	1500	2700	2500	2800	2300	2400	4400	4200	4600
1-yr Trend	*1900*	*2000*	*3600*	*3400*	*3700*	*2600*	*2800*	*5000*	*4700*	*5200*
Sex:										
Male										
Standard	640	710	1200	1200	1300	1100	1200	2000	1900	2200
1-yr Trend	*860*	*950*	*1700*	*1500*	*1800*	*1200*	*1300*	*2300*	*2100*	*2500*
Comparison	930	1000	1800	1700	1900	1200	1300	2400	2200	2500
Female										
Standard	710	700	1400	1300	1400	1200	1200	2300	2200	2300
1-yr Trend	*940*	*940*	*1800*	*1800*	*1900*	*1300*	*1300*	*2600*	*2500*	*2600*
Comparison	1000	1000	2000	1900	2100	1300	1300	2600	2500	2700
College Plans:										
None or under 4 yrs										
Standard	NA	640	1100	1000	1100	NA	1000	1800	1700	1800
1-yr Trend	*NA*	*850*	*1500*	*1400*	*1400*	*NA*	*1200*	*2100*	*1900*	*2000*
Comparison	NA	850	1500	1400	1400	NA	1200	2100	1900	2000
Complete 4 yrs										
Standard	NA	710	1400	1400	1600	NA	1200	2300	2300	2600
1-yr Trend	*NA*	*940*	*1800*	*1800*	*2100*	*NA*	*1300*	*2600*	*2600*	*3000*
Comparison	NA	940	1800	1800	2100	NA	1300	2600	2600	3000
Region:										
Northeast										
Standard	340	360	620	580	620	550	590	1000	950	1000
1-yr Trend	*450*	*480*	*830*	*770*	*830*	*620*	*670*	*1200*	*1100*	*1200*
North Central										
Standard	440	450	890	840	890	720	750	1500	1400	1500
1-yr Trend	*590*	*600*	*1200*	*1100*	*1200*	*820*	*840*	*1700*	*1600*	*1700*
South										
Standard	370	370	710	710	840	620	610	1200	1200	1400
1-yr Trend	*500*	*490*	*950*	*950*	*1100*	*700*	*690*	*1300*	*1300*	*1600*
West										
Standard	170	200	300	270	300	320	380	560	510	560
1-yr Trend	*260*	*300*	*440*	*400*	*440*	*400*	*470*	*690*	*630*	*690*
Population Density:										
Large SMSA										
Standard	430	460	800	710	670	700	750	1300	1200	1100
1-yr Trend	*570*	*610*	*1100*	*950*	*890*	*790*	*850*	*1500*	*1300*	*1200*
Other SMSA										
Standard	640	660	1200	1200	1200	1100	1100	2000	1900	1900
1-yr Trend	*850*	*890*	*1700*	*1500*	*1500*	*1200*	*1200*	*2300*	*2100*	*2100*
Non-SMSA										
Standard	340	360	620	670	980	550	590	620	670	980
1-yr Trend	*450*	*480*	*830*	*890*	*1300*	*630*	*670*	*1200*	*1200*	*1800*

TABLE B-9

"Effective N" Values for Thirty-Day Prevalence of Daily Use of Alcohol, Marijuana, and Cigarettes*

	Class of 1975	Class of 1976	1977 and 1978	1979 and 1980	Class of 1981
All seniors					
Standard	3500	4600	4900	4300	4800
1-yr Trend	*5300*	*7000*	*7500*	*6500*	*7400*
Sex:					
Male					
Standard	2000	2800	2800	2700	2900
1-yr Trend	*2900*	*4000*	*4100*	*3900*	*4200*
Comparison	3200	4400	4500	4300	4600
Female					
Standard	2700	3300	3800	3400	3600
1-yr Trend	*3600*	*4500*	*5100*	*4600*	*4900*
Comparison	3500	4400	5500	4900	5200
College Plans:					
None or under 4 yrs					
Standard	NA	2500	2600	2300	2300
1-yr Trend	*NA*	*3600*	*3700*	*3300*	*3300*
Comparison	NA	3600	3700	3300	3300
Complete 4 yrs					
Standard	NA	3300	3700	3600	4000
1-yr Trend	*NA*	*4500*	*5000*	*4900*	*5500*
Comparison	NA	4500	5000	4900	5500
Region:					
Northeast					
Standard	840	1100	1300	1100	1100
1-yr Trend	*1300*	*1700*	*1900*	*1600*	*1700*
North Central					
Standard	1100	1400	1500	1500	1500
1-yr Trend	*1700*	*2200*	*2300*	*2300*	*2200*
South					
Standard	930	1200	1400	1300	1500
1-yr Trend	*1400*	*1800*	*2100*	*2000*	*2200*
West					
Standard	640	930	780	750	780
1-yr Trend	*970*	*1400*	*1200*	*1100*	*1200*
Population Density:					
Large SMSA					
Standard	1100	1400	1500	1300	1200
1-yr Trend	*1600*	*2200*	*2300*	*2000*	*1900*
Other SMSA					
Standard	1600	2100	2200	2100	2000
1-yr Trend	*2400*	*3200*	*3400*	*3200*	*3000*
Non-SMSA					
Standard	840	1100	1200	1200	1600
1-yr Trend	*1300*	*1700*	*1800*	*1800*	*2500*

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*Use of half-pack or more a day.

TABLE B-10

"Effective N" Values for Additional Variables

Measure	"Effective N"
Use of Marijuana but No Other Illicit Drug	Use "Effective Ns" from Table B-4
Use of Any Illicit Drug(s) Other Than Marijuana	Use "Effective Ns" from Table B-3, column labelled "Life"
Attitudes and Beliefs About Drugs: Perceived Harmfulness Proportions Disapproving Attitude Regarding Legality	Divide the actual Ns located in Tables 13-1, 13-2, and 13-3 by 2.0 for "Standard" values and by 1.56 for "1-yr Trend" values.
The Social Milieu: Parental Disapproval Exposure to Drug Use Perceived Availability of Drugs	Divide the actual Ns located in Table 14-1, 15-2, 15-4, and 16-1 by 2.0 for "Standard" values and by 1.56 for "1-yr Trend" values.
Probability of Future Use	Divide the actual Ns located in Table 6 of the chapter for the drug in question (Table 2-6 for marijuana/hashish, for example) by 2.0 for "Standard" values and by 1.56 for "1-yr Trend" values.
Thirty-Day Prevalence of Daily Use	Use "Effective Ns" from Table B-9 for marijuana, alcohol, and cigarettes. For the other drug classes, divide the actual Ns in Table 1-6 by 1.21.
Adjusted Prevalence for Hallucinogens	Take the geometric mean of the one-form N and the five-form N, and divide that by 1.56.
Adjusted Prevalence for Inhalants	Take the geometric mean of the one-form N and the four-form N, and divide that by 1.56.

TABLE B-11

Confidence Intervals (95% Confidence Level) Around Percentage Values

GUIDE TO USING THIS TABLE:

1. Locate the portion of the table with the "Observed Percentage" value closest to the percentage in question (for 2.9% use the column labelled 3% at the top and 97% at the bottom).

2. Locate the "Effective N" value in the table closest to the "Effective N" value obtained from Tables B-2 througn B-8 (for an "Effective N" of 2700, choose the row marked 3000).

3. Locate the table entries that correspond to the "Observed Percentage" and "Effective N" chosen (in this case, 0.6 and 0.7).

4. For observed percentages found at the top of the table, i.e. ones between 1% and 50%, subtract the left entry (0.6) from the real observed percentage (2.9 - 0.6 = 2.3%) to get the lower confidence limit. Add the right entry (0.7) to the observed percentage (2.9 + 0.7 = 3.6%) to get the upper confidence limit. (Thus, in this case, the confidence interval around 2.9% extends from 2.3% to 3.6%.)

5. For observed percentages found at the bottom of the table, i.e. ones between 50% and 99%, the process is reversed. For example, if the observed percentage was actually 97.1% with Effective N = 2700, the appropriate table entries would once again be 0.6 and 0.7. But for observed percentages between 50% and 99%, we must add the left entry to the observed percentage (97.1 + 0.6 = 97.7%) and subtract the right entry (97.1 - 0.7 = 96.4%) to get the confidence limits. (Thus, the confidence interval around 97.1% extends from 96.4% to 97.7%.)

6. A handy check on the above steps is to observe that the confidence interval is always smaller in the direction closest to the nearest limit (0% or 100%). (So, for example, the confidence interval around 2.9% in (4) above does not extend as far toward 0% as it does toward the more distant end of the scale. Similarly, the confidence interval around 97.1% does not extend as far toward 100% as it does toward the farther end of the scale.)

TABLE B-11

Confidence Intervals (95% Confidence Level) Around Percentage Values

FOR OBSERVED PERCENTAGES FROM 1% TO 50%, READ DOWN THE APPROPRIATE COLUMN:

"Effective N"--Obtain values from Tables B-2 through B-8	1%		3%		5%		10%		15%		20%		30%		50%
	-	+	-	+	-	+	-	+	-	+	-	+	-	+	±
100	0.8	4.4	2.0	5.5	2.8	6.2	4.5	7.4	5.7	8.3	6.7	8.9	8.1	9.6	9.6
200	0.7	2.6	1.6	3.4	2.3	4.0	3.4	4.9	4.3	5.6	5.0	6.1	5.9	6.7	6.9
300	0.7	1.9	1.4	2.6	1.9	3.1	2.9	3.9	3.6	4.5	4.1	4.9	4.9	5.4	5.6
400	0.6	1.5	1.3	2.2	1.7	2.6	2.6	3.3	3.2	3.8	3.6	4.2	4.3	4.7	4.9
500	0.6	1.3	1.2	1.9	1.6	2.3	2.3	2.9	2.9	3.4	3.3	3.7	3.9	4.2	4.4
700	0.5	1.0	1.0	1.5	1.4	1.9	2.0	2.4	2.5	2.8	2.8	3.1	3.3	3.5	3.7
1000	0.5	0.8	0.9	1.3	1.2	1.5	1.7	2.0	2.1	2.3	2.4	2.6	2.8	2.9	3.1
1500	0.4	0.6	0.8	1.0	1.0	1.2	1.4	1.6	1.7	1.9	1.9	2.1	2.3	2.4	2.5
2000	0.4	0.5	0.7	0.8	0.9	1.0	1.2	1.4	1.5	1.6	1.7	1.8	2.0	2.0	2.2
3000	0.3	0.4	0.6	0.7	0.7	0.8	1.0	1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8
4000	0.3	0.4	0.5	0.6	0.6	0.7	0.9	1.0	1.1	1.1	1.2	1.3	1.4	1.4	1.5
5000	0.2	0.3	0.4	0.5	0.6	0.6	0.8	0.9	1.0	1.0	1.1	1.1	1.3	1.3	1.4
7000	0.2	0.3	0.4	0.4	0.5	0.5	0.7	0.7	0.8	0.9	0.9	1.0	1.1	1.1	1.2
10000	0.2	0.2	0.3	0.4	0.4	0.4	0.6	0.6	0.7	0.7	0.8	0.8	0.9	0.9	1.0
	+	-	+	-	+	-	+	-	+	-	+	-	+	-	±
	99%		97%		95%		90%		85%		80%		70%		50%

FOR OBSERVED PERCENTAGES FROM 50% TO 99%, READ UP THE APPROPRIATE COLUMN:

NOTE: Table entries have been computed using the following formulas:

$$p_L = p - 1.96\sqrt{(p_L\ (1-p_L)\ /\ N)}$$

$$p_U = p + 1.96\sqrt{(p_U\ (1-p_U)\ /\ N)}$$

where p_L is the lower limit of the confidence interval and p_U is the upper limit of the confidence interval.

For the .01 confidence interval values, multiply the table entries by 1.1314.

For the .001 confidence interval values, multiply the table entries by 1.679.

These computations assume simple random sampling; therefore, "Effective N" values must be used in entering the table.

TABLE B-12

Confidence Intervals (95% Confidence Level) for Differences Between Two Percentages

GUIDE TO USING THIS TABLE:

1. Locate the portion of the table with "p" value closest to the two percentage values being compared (e.g., for comparing a value of 29.2% with one of 33.4%, the "p" = 30% or 70% portion of the table would be correct).
2. Locate the specific entry closest to the "Effective N" values for the two percentages (e.g., if those values were about 3800 and 5200 for 29.2% and 33.4%, the correct table entry would be 1.9).
3. That table entry, when added to and subtracted from the difference between the two percentages, yields the 95% confidence interval for the difference. (In the above illustration that would be 4.2 ± 1.9%, or an interval from 2.3% to 6.1%.)
4. Also, if the table entry is smaller than the difference between the two percentages (as is true for the above illustration), then the difference is statistically significant at the 95% level.

NOTES: The table entries have been computed using the following formula:

$$1.96\sqrt{p(1-p)\left(\frac{1}{N_1}+\frac{1}{N_2}\right)}$$

For the .01 confidence interval values, multiply the table entries by 1.314.

For the .001 confidence interval values, multiply the table entries by 1.679.

These computations assume simple random sampling; therefore, "Effective N" values must be used in entering the table.

TABLE B-12 *(cont)*

"Effective N"--Obtain values from Tables B-2 through B-10

p = 1% or 99%

"Effective N"	100	200	300	400	500	700	1000	1500	2000	3000	4000	5000	7000	10000
100	2.8													
200	2.4	2.0												
300	2.3	1.8	1.6											
400	2.2	1.7	1.5	1.4										
500	2.1	1.6	1.4	1.3	1.2									
700	2.1	1.6	1.3	1.2	1.1	1.0								
1000	2.0	1.5	1.3	1.2	1.1	1.0	0.9							
1500	2.0	1.5	1.2	1.1	1.0	0.9	0.8	0.7						
2000	2.0	1.4	1.2	1.1	1.0	0.9	0.8	0.7	0.6					
3000	2.0	1.4	1.2	1.0	0.9	0.8	0.7	0.6	0.6	0.5				
4000	2.0	1.4	1.2	1.0	0.9	0.8	0.7	0.6	0.5	0.5	0.4			
5000	2.0	1.4	1.2	1.0	0.9	0.8	0.7	0.6	0.5	0.5	0.4	0.4		
7000	2.0	1.4	1.1	1.0	0.9	0.8	0.7	0.6	0.5	0.4	0.4	0.4	0.3	
10000	2.0	1.4	1.1	1.0	0.9	0.8	0.6	0.5	0.5	0.4	0.4	0.3	0.3	0.3

p = 3% or 97%

"Effective N"	100	200	300	400	500	700	1000	1500	2000	3000	4000	5000	7000	10000
100	4.7													
200	4.1	3.3												
300	3.9	3.1	2.7											
400	3.7	2.9	2.6	2.4										
500	3.7	2.8	2.4	2.2	2.1									
700	3.6	2.7	2.3	2.1	2.0	1.8								
1000	3.5	2.6	2.2	2.0	1.8	1.6	1.5							
1500	3.5	2.5	2.1	1.9	1.7	1.5	1.4	1.2						
2000	3.4	2.5	2.1	1.8	1.7	1.5	1.3	1.1	1.1					
3000	3.4	2.4	2.0	1.8	1.6	1.4	1.2	1.1	1.0	0.9				
4000	3.4	2.4	2.0	1.8	1.6	1.4	1.2	1.0	0.9	0.8	0.7			
5000	3.4	2.4	2.0	1.7	1.6	1.3	1.2	1.0	0.9	0.8	0.7	0.7		
7000	3.4	2.4	2.0	1.7	1.5	1.3	1.1	1.0	0.8	0.7	0.7	0.6	0.6	
10000	3.4	2.4	2.0	1.7	1.5	1.3	1.1	0.9	0.8	0.7	0.6	0.6	0.5	0.5

p = 5% or 95%

"Effective N"	100	200	300	400	500	700	1000	1500	2000	3000	4000	5000	7000	10000
100	6.0													
200	5.2	4.3												
300	4.9	3.9	3.5											
400	4.8	3.7	3.3	3.0										
500	4.7	3.6	3.1	2.9	2.7									
700	4.6	3.4	2.9	2.7	2.5	2.3								
1000	4.5	3.3	2.8	2.5	2.3	2.1	1.9							
1500	4.4	3.2	2.7	2.4	2.2	2.0	1.7	1.6						
2000	4.4	3.2	2.6	2.3	2.1	1.9	1.7	1.5	1.4					
3000	4.3	3.1	2.6	2.3	2.1	1.8	1.6	1.4	1.2	1.1				
4000	4.3	3.1	2.6	2.2	2.0	1.8	1.5	1.3	1.2	1.0	1.0			
5000	4.3	3.1	2.5	2.2	2.0	1.7	1.5	1.3	1.1	1.0	0.9	0.9		
7000	4.3	3.1	2.5	2.2	2.0	1.7	1.4	1.2	1.1	0.9	0.8	0.8	0.7	
10000	4.3	3.1	2.5	2.2	2.0	1.7	1.4	1.2	1.0	0.9	0.8	0.7	0.7	0.6

p = 10% or 90%

"Effective N"	100	200	300	400	500	700	1000	1500	2000	3000	4000	5000	7000	10000
100	8.3													
200	7.2	5.9												
300	6.8	5.4	4.8											
400	6.6	5.1	4.5	4.2										
500	6.4	4.9	4.3	3.9	3.7									
700	6.3	4.7	4.1	3.7	3.4	3.1								
1000	6.2	4.6	3.9	3.5	3.2	2.9	2.6							
1500	6.1	4.4	3.7	3.3	3.0	2.7	2.4	2.1						
2000	6.0	4.4	3.6	3.2	2.9	2.6	2.3	2.0	1.9					
3000	6.0	4.3	3.6	3.1	2.8	2.5	2.1	1.9	1.7	1.5				
4000	6.0	4.3	3.5	3.1	2.8	2.4	2.1	1.8	1.6	1.4	1.3			
5000	5.9	4.2	3.5	3.1	2.8	2.4	2.0	1.7	1.6	1.4	1.2	1.2		
7000	5.9	4.2	3.5	3.0	2.7	2.3	2.0	1.7	1.5	1.3	1.2	1.1	1.0	
10000	5.9	4.2	3.4	3.0	2.7	2.3	2.0	1.6	1.4	1.2	1.1	1.0	0.9	0.8

TABLE B-12 *(cont)*

"Effective N"--Obtain values from Tables B-2 through B-10

p = 15% or 85%

"Effective N"	100	200	300	400	500	700	1000	1500	2000	3000	4000	5000	7000	10000
100	9.9													
200	8.6	7.0												
300	8.1	6.4	5.7											
400	7.8	6.1	5.3	4.9										
500	7.7	5.9	5.1	4.7	4.4									
700	7.5	5.6	4.8	4.4	4.1	3.7								
1000	7.3	5.4	4.6	4.1	3.8	3.4	3.1							
1500	7.2	5.3	4.4	3.9	3.6	3.2	2.9	2.6						
2000	7.2	5.2	4.3	3.8	3.5	3.1	2.7	2.4	2.2					
3000	7.1	5.1	4.2	3.7	3.4	2.9	2.6	2.2	2.0	1.8				
4000	7.1	5.1	4.2	3.7	3.3	2.9	2.5	2.1	1.9	1.7	1.6			
5000	7.1	5.0	4.2	3.6	3.3	2.8	2.4	2.1	1.9	1.6	1.5	1.4		
7000	7.0	5.0	4.1	3.6	3.2	2.8	2.4	2.0	1.8	1.5	1.4	1.3	1.2	
10000	7.0	5.0	4.1	3.6	3.2	2.7	2.3	1.9	1.7	1.5	1.3	1.2	1.1	1.0

p = 20% or 80%

"Effective N"	100	200	300	400	500	700	1000	1500	2000	3000	4000	5000	7000	10000
100	11.1													
200	9.6	7.8												
300	9.1	7.2	6.4											
400	8.8	6.8	6.0	5.5										
500	8.6	6.6	5.7	5.3	5.0									
700	8.4	6.3	5.4	4.9	4.6	4.2								
1000	8.2	6.1	5.2	4.6	4.3	3.9	3.5							
1500	8.1	5.9	5.0	4.4	4.0	3.6	3.2	2.9						
2000	8.0	5.8	4.9	4.3	3.9	3.4	3.0	2.7	2.5					
3000	8.0	5.7	4.7	4.2	3.8	3.3	2.9	2.5	2.3	2.0				
4000	7.9	5.7	4.7	4.1	3.7	3.2	2.8	2.4	2.1	1.9	1.8			
5000	7.9	5.7	4.7	4.1	3.7	3.2	2.7	2.3	2.1	1.8	1.7	1.6		
7000	7.9	5.6	4.6	4.0	3.6	3.1	2.7	2.2	2.0	1.7	1.6	1.5	1.3	
10000	7.9	5.6	4.6	4.0	3.6	3.1	2.6	2.2	1.9	1.6	1.5	1.4	1.2	1.1

p = 30% or 70%

"Effective N"	100	200	300	400	500	700	1000	1500	2000	3000	4000	5000	7000	10000
100	12.7													
200	11.0	9.0												
300	10.4	8.2	7.3											
400	10.0	7.8	6.9	6.4										
500	9.8	7.5	6.6	6.0	5.7									
700	9.6	7.2	6.2	5.6	5.3	4.8								
1000	9.4	7.0	5.9	5.3	4.9	4.4	4.0							
1500	9.3	6.8	5.7	5.1	4.6	4.1	3.7	3.3						
2000	9.2	6.7	5.6	4.9	4.5	3.9	3.5	3.1	2.8					
3000	9.1	6.6	5.4	4.8	4.3	3.8	3.3	2.8	2.6	2.3				
4000	9.1	6.5	5.4	4.7	4.3	3.7	3.2	2.7	2.5	2.2	2.0			
5000	9.1	6.5	5.3	4.7	4.2	3.6	3.1	2.6	2.4	2.1	1.9	1.8		
7000	9.0	6.4	5.3	4.6	4.2	3.5	3.0	2.6	2.3	2.0	1.8	1.7	1.5	
10000	9.0	6.4	5.3	4.6	4.1	3.5	3.0	2.5	2.2	1.9	1.7	1.6	1.4	1.3

p = 50%

"Effective N"	100	200	300	400	500	700	1000	1500	2000	3000	4000	5000	7000	10000
100	13.9													
200	12.0	9.8												
300	11.3	8.9	8.0											
400	11.0	8.5	7.5	6.9										
500	10.7	8.2	7.2	6.6	6.2									
700	10.5	7.9	6.8	6.1	5.7	5.2								
1000	10.3	7.6	6.5	5.8	5.4	4.8	4.4							
1500	10.1	7.4	6.2	5.5	5.1	4.5	4.0	3.6						
2000	10.0	7.3	6.1	5.4	4.9	4.3	3.8	3.3	3.1					
3000	10.0	7.2	5.9	5.2	4.7	4.1	3.6	3.1	2.8	2.5				
4000	9.9	7.1	5.9	5.1	4.6	4.0	3.5	3.0	2.7	2.4	2.2			
5000	9.9	7.1	5.8	5.1	4.6	4.0	3.4	2.9	2.6	2.3	2.1	2.0		
7000	9.9	7.0	5.8	5.0	4.5	3.9	3.3	2.8	2.5	2.1	1.9	1.8	1.7	
10000	9.8	7.0	5.7	5.0	4.5	3.8	3.3	2.7	2.4	2.0	1.8	1.7	1.5	1.4

TABLE B-13

Design Effects Used to Compute "Effective N" Tables for Percent Using Drugs

			Hallucinogens Cocaine Stimulants Sedatives Tranquilizers Cigarettes*			Inhalants Heroin Other Opiates		
	Alcohol	Marihuana	Life	Year	Month	Life	Year	Month
All seniors								
Standard	10.89	7.84	5.66	4.41	3.35	3.06	2.56	2.10
1-yr Trend	*5.66*	*4.33*	*3.35*	*2.76*	*2.25*	*2.10*	*1.85*	*1.61*
Sex:								
Male								
Standard	5.29	4.00	3.53	2.89	2.34	2.25	1.96	1.69
1-yr Trend	*3.17*	*2.56*	*2.34*	*2.02*	*1.74*	*1.69*	*1.54*	*1.39*
Comparison	2.72	2.25	2.07	1.82	1.61	1.56	1.44	1.32
Female								
Standard	7.84	5.76	3.53	2.89	2.34	2.25	1.96	1.69
1-yr Trend	*4.33*	*3.39*	*2.34*	*2.02*	*1.74*	*1.69*	*1.54*	*1.39*
Comparison	3.61	2.89	2.07	1.82	1.61	1.56	1.44	1.32
College Plans:								
None or under 4 yrs								
Standard	5.29	4.00	3.53	2.89	2.34	2.25	1.96	1.69
1-yr Trend	*3.17*	*2.56*	*2.34*	*2.02*	*1.74*	*1.69*	*1.54*	*1.39*
Comparison	3.17	2.56	2.34	2.02	1.74	1.69	1.54	1.39
Complete 4 yrs								
Standard	7.84	5.76	3.53	2.89	2.34	2.25	1.96	1.69
1-yr Trend	*4.33*	*3.39*	*2.34*	*2.02*	*1.74*	*1.69*	*1.54*	*1.39*
Comparison	4.33	3.39	2.34	2.02	1.74	1.69	1.54	1.39
Region:								
Northeast, North Central, and South								
Standard	7.84	6.76	5.66	4.41	3.35	3.06	2.56	2.10
1-yr Trend	*4.33*	*3.84*	*3.35*	*2.76*	*2.25*	*2.10*	*1.85*	*1.61*
West								
Standard	28.09	19.36	7.56	5.76	4.20	3.53	2.89	2.34
1-yr Trend	*4.33*	*3.84*	*3.35*	*2.76*	*2.25*	*2.10*	*1.85*	*1.61*
Population Density:								
Large SMSA								
Standard	7.84	5.76	5.66	4.41	3.35	3.06	2.56	2.10
1-yr Trend	*4.33*	*3.39*	*3.35*	*2.76*	*2.25*	*2.10*	*1.85*	*1.61*
Other SMSA								
Standard	13.69	11.56	5.66	4.41	3.35	3.06	2.56	2.10
1-yr Trend	*4.33*	*3.39*	*3.35*	*2.76*	*2.25*	*2.10*	*1.85*	*1.61*
Non-SMSA								
Standard	7.84	5.76	5.66	4.41	3.35	3.06	2.56	2.10
1-yr Trend	*4.33*	*3.39*	*3.35*	*2.76*	*2.25*	*2.10*	*1.85*	*1.61*

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*Use "year" column for monthly cigarette values.

TABLE B-14

Design Effects Used to Compute "Effective N" Tables for Use Prior to Tenth Grade and Thirty-Day Prevalence of Daily Use

	Use Prior to Tenth Grade		Daily Prevalence in Last Thirty Days
	Marijuana Alcohol	All Other Drugs	Marijuana Alcohol Cigarettes
All seniors			
Standard	2.25	1.37	3.61
1-yr Trend	*1.69*	*1.21*	*2.37*
Sex:			
Male			
Standard	2.25	1.37	2.89
1-yr Trend	*1.69*	*1.21*	*2.02*
Comparison	1.56	1.19	1.82
Female			
Standard	2.25	1.37	2.40
1-yr Trend	*1.69*	*1.21*	*1.77*
Comparison	1.56	1.19	1.64
College Plans:			
None or under 4 yrs			
Standard	2.25	1.37	2.89
1-yr Trend	*1.69*	*1.21*	*2.02*
Comparison	1.69	1.21	2.02
Complete 4 yrs			
Standard	2.25	1.37	2.40
1-yr Trend	*1.69*	*1.21*	*1.77*
Comparison	1.69	1.21	1.77
Region:			
Northeast			
Standard	2.25	1.37	3.61
1-yr Trend	*1.69*	*1.21*	*2.37*
North Central			
Standard	2.25	1.37	3.61
1-yr Trend	*1.69*	*1.21*	*2.37*
South			
Standard	2.25	1.37	3.61
1-yr Trend	*1.69*	*1.21*	*2.37*
West			
Standard	3.35	1.77	3.61
1-yr Trend	*2.25*	*1.44*	*2.37*
Population Density:			
Large SMSA			
Standard	2.25	1.37	3.61
1-yr Trend	*1.69*	*1.21*	*2.37*
Other SMSA			
Standard	2.25	1.37	3.61
1-yr Trend	*1.69*	*1.21*	*2.37*
Non-SMSA			
Standard	2.25	1.37	3.61
1-yr Trend	*1.69*	*1.21*	*2.37*

Appendix C

GUIDELINES FOR READING AND INTERPRETING THE TABLES

Definitions of Variables

- Operational definitions for all variables, including the actual questionnaire items used, are presented in Appendix D.

Percentages and Rounding Conventions

- All percentages reported in the data tables are based on weighted cases. The weighting was used for reasons outlined in the discussion of sampling procedures in the introduction to this report.
- All percentage values are reported to the nearest tenth of one percent.
- Some tables do not add to exactly 100.0 percent due to rounding.
- Because rounding conventions have been followed consistently, 0.0 is used for all cells having fewer than 0.05 percent respondents. Thus a table entry of 0.0 percent could represent anywhere from zero respondents to as many as eight (weighted) respondents.

Number of Cases Reported in Tables

- As a matter of convenience, most tables show approximate number(s) of (unweighted) cases for the most current year, rounded to the nearest hundred. The actual numbers vary slightly from drug to drug; for the total sample in 1981 the range is from three percent lower to two percent higher than the approximate values shown. For chapters 2 through 12, the actual numbers for the first five tables can be found in the sixth table (total sample), and the actual numbers for the eighth and ninth tables can be found in the seventh table (total sample for two questionnaire forms).
- Tables C-1 and C-2 below present complete numbers of respondents, both weighted and unweighted, for all years and for each of the subgroups as well as for the total samples. The numbers shown in the tables in the report depart from the numbers in C-1 and C-2 due to missing data.

- Because of missing data on the sex item and the college plans item, the numbers for the corresponding subgroups do not add to the total number of cases.

- The 1975 data in most cases are based on only four of the five forms; therefore, the numbers shown for that year tend to be lower than in subsequent years and represent only about 80 percent of the total sample in 1975.

Significance Tests and Confidence Intervals

- In the many tables which present trends across time, tests of the statistical significance of differences between the two most recent classes are included. Appendix B outlines the procedures which were followed in computing these significance tests.

- For the reader interested in computing other significance tests and/or confidence intervals, Appendix B outlines the procedures and provides the necessary tables.

TABLE C-1

Sample Sizes (Unweighted and Weighted) in Subgroups by Year

	Number of Cases													
	Class of 1975[a]		Class of 1976		Class of 1977		Class of 1978		Class of 1979		Class of 1980		Class of 1981	
	Unwtd.	*Wtd.*	Unwtd.	*Wtd.*	Unwtd.	*Wtd.*	Unwtd.	*Wtd.*	Unwtd.	*Wtd.*	Unwtd.	*Wtd.*	Unwtd.	*Wtd.*
Total Sample	12627	12113	16678	15145	18436	15839	18924	18924	16662	16662	16524	16524	18267	18267
Sex:														
Male	5799	5573	7999	7244	8449	7362	8603	8782	7889	7778	7935	7744	8775	8725
Female	6371	6102	7924	7261	9188	7855	9416	9270	8139	8232	7874	8078	8752	8865
College Plans:														
None or under 4 yrs	b	b	7179	6880	7764	7052	7857	8416	6715	7063	5995	6578	6486	7008
Complete 4 yrs	b	b	7963	6997	8933	7411	9264	8848	8571	8203	9191	8658	10256	9878
Region:														
Northeast	3014	2697	4034	3572	4760	3961	4841	4609	3926	4016	4281	3877	4269	4290
North Central	3951	3834	5098	4689	5697	4761	5576	5414	5385	4874	4340	4873	5069	5484
South	3366	3858	4177	4599	4908	4822	5566	6295	4713	5055	4667	5049	5513	5600
West	2296	1725	3369	2286	3071	2295	2941	2607	2638	2717	3236	2726	3416	2893
Population Density:														
Large SMSA	3826	2874	5158	3939	5852	4263	5904	4861	4744	4250	5017	4119	5702	4749
Other SMSA	5767	4964	7475	5971	8386	6446	8485	8322	7682	7006	7385	6979	7992	7432
Non-SMSA	3034	4275	4045	5235	4198	5131	4535	5742	4236	5406	4122	5426	4573	6087

NOTE: See Appendix D for definition of variables in table.

[a] The number of cases in 1975 is lower than in subsequent years because the data from one of the five questionnaire forms are intentionally not included.

[b] Missing data problems were severe for college plans in 1975; accordingly, these data have been excluded from all tables in this report.

TABLE C-2

Sample Sizes (Unweighted and Weighted) in Subroups by Year for Questions on a Single Form[a]

Number of Cases

	Class of 1975		Class of 1976		Class of 1977		Class of 1978		Class of 1979		Class of 1980		Class of 1981	
	Unwtd.	*Wtd.*	Unwtd.	*Wtd.*	Unwtd.	*Wtd.*	Unwtd.	*Wtd.*	Unwtd.	*Wtd.*	Unwtd.	*Wtd.*	Unwtd.	*Wtd.*
Total Sample	3157	*3028*	3336	*3029*	3687	*3168*	3785	*3785*	3332	*3332*	3305	*3305*	3653	*3653*
Sex:														
Male	1450	*1393*	1600	*1449*	1690	*1472*	1721	*1756*	1578	*1556*	1587	*1549*	1755	*1745*
Female	1593	*1526*	1585	*1452*	1838	*1571*	1883	*1854*	1628	*1646*	1575	*1616*	1750	*1773*
College Plans:														
None or under 4 yrs	b	b	1436	*1376*	1553	*1410*	1571	*1683*	1343	*1413*	1199	*1316*	1297	*1402*
Complete 4 yrs	b	b	1593	*1399*	1787	*1482*	1853	*1770*	1714	*1641*	1838	*1732*	2051	*1976*
Region:														
Northeast	754	*674*	807	*714*	952	*792*	968	*922*	785	*803*	856	*775*	854	*858*
North Central	988	*958*	1020	*938*	1139	*952*	1115	*1083*	1077	*975*	868	*975*	1014	*1097*
South	842	*964*	835	*920*	982	*964*	1113	*1259*	943	*1011*	933	*1010*	1103	*1120*
West	574	*431*	674	*457*	614	*459*	588	*521*	528	*543*	647	*545*	683	*579*
Population Density:														
Large SMSA	956	*718*	1032	*788*	1170	*853*	1181	*972*	949	*850*	1003	*824*	1140	*950*
Other SMSA	1442	*1241*	1495	*1194*	1677	*1289*	1697	*1664*	1536	*1401*	1477	*1396*	1598	*1486*
Non-SMSA	758	*1069*	809	*1047*	840	*1026*	907	*1148*	847	*1081*	824	*1065*	915	*1217*

NOTE: See Appendix D for definition of variables in table.

---

[a] The Ns given here are very close approximations of the N in the given subgroup for any of the five different questionnaire forms used in the year.

[b] Missing data problems were severe for college plans in 1975; accordingly, these data have been excluded from all tables in this report.

Appendix D

QUESTIONNAIRE CONTENT AND VARIABLE DEFINITION

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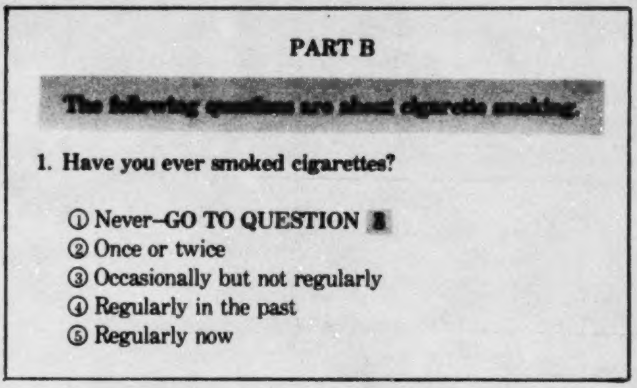
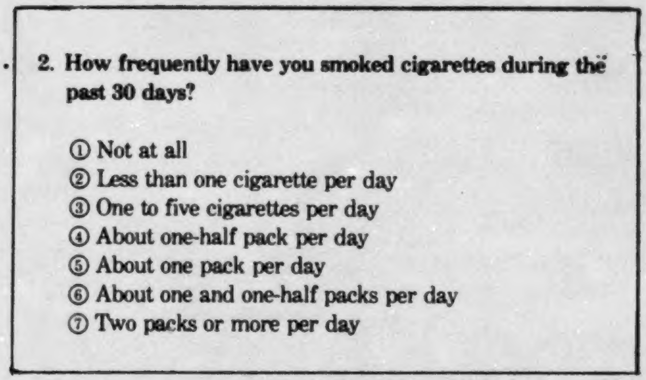
I. DROG USAGE VARIABLES

Cigarettes

Lifetime Prevalence/Frequency*. . . .	 **PART B** **The following questions are about cigarette smoking.** **1. Have you ever smoked cigarettes?** ① Never–GO TO QUESTION 3 ② Once or twice ③ Occasionally but not regularly ④ Regularly in the past ⑤ Regularly now
Thirty-Day Prevalence/Frequency* . . .	 **2. How frequently have you smoked cigarettes during the past 30 days?** ① Not at all ② Less than one cigarette per day ③ One to five cigarettes per day ④ About one-half pack per day ⑤ About one pack per day ⑥ About one and one-half packs per day ⑦ Two packs or more per day
Prevalence/Recency	This variable is derived from the two preceding questions. See Note 2 at the end of this appendix for details.
Prevalence of Daily Use	This variable is derived by combining categories 3 through 7 on Q. 2 above.
Thirty-Day Prevalence of Half-Pack a Day or More	This variable is derived by combining categories 4 through 7 on Q. 2 above.

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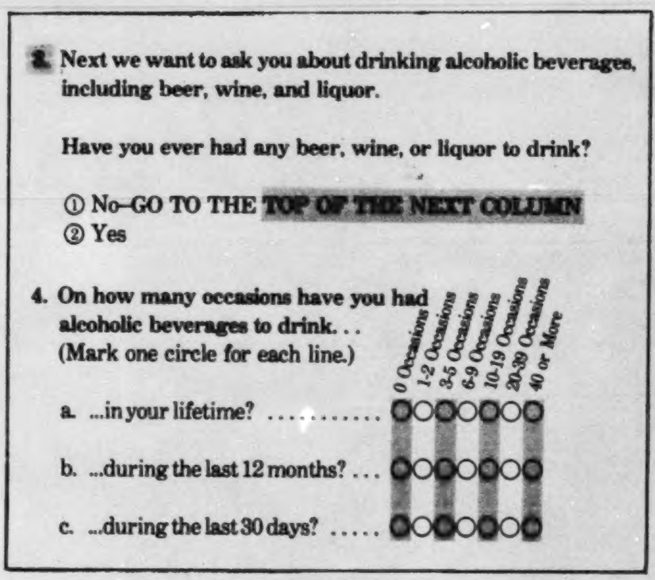
*For the distinction between prevalence and frequency see Note 1 at the end of this appendix.

Alcohol



3. Next we want to ask you about drinking alcoholic beverages, including beer, wine, and liquor.

Have you ever had any beer, wine, or liquor to drink?

① No–GO TO THE TOP OF THE NEXT COLUMN
② Yes

4. On how many occasions have you had alcoholic beverages to drink. . . (Mark one circle for each line.)

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months? ...	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

Lifetime Prevalence/Frequency* . . .

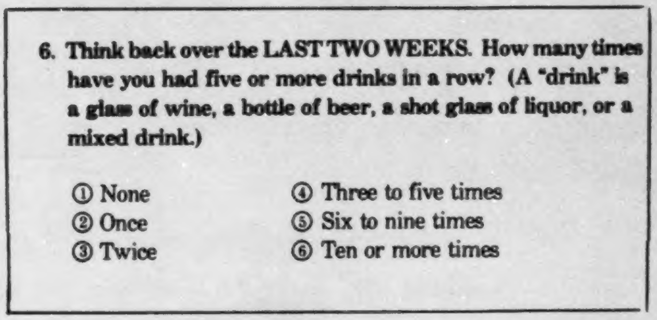
Annual Prevalence/Frequency* . . . .

Thirty-Day Prevalence/Frequency* . .

Prevalence/Recency . . . . This variable is derived from the three preceding questions. See Note 2 at the end of this appendix for details.

Prevalence of Daily Use . . . . . . This variable is derived by combining the percent answering "20 to 39 occasions" and the percent answering "40 or more occasions" on Q. 4c above.

Frequency of Heavy Drinking . . . .



6. Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row? (A "drink" is a glass of wine, a bottle of beer, a shot glass of liquor, or a mixed drink.)

① None
② Once
③ Twice
④ Three to five times
⑤ Six to nine times
⑥ Ten or more times

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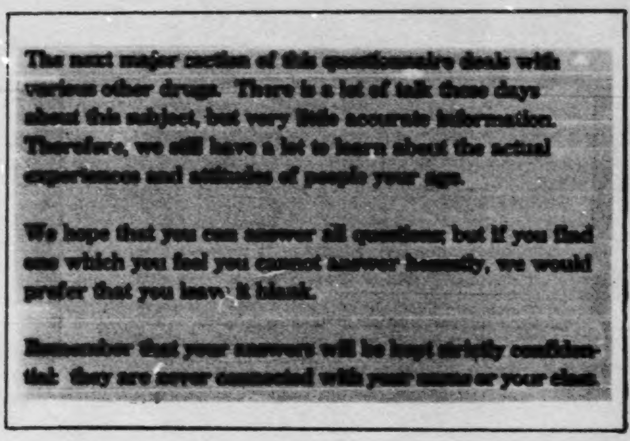
*For the distinction between prevalence and frequency see Note 1 at the end of this appendix.



The next major section of this questionnaire deals with various other drugs. There is a lot of talk these days about this subject, but very little accurate information. Therefore, we still have a lot to learn about the actual experiences and attitudes of people your age.

We hope that you can answer all questions; but if you find one which you feel you cannot answer honestly, we would prefer that you leave it blank.

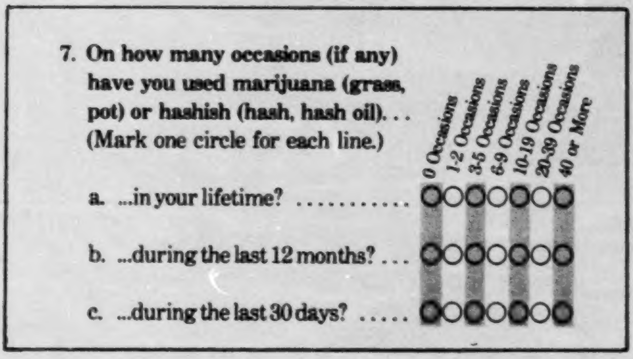
Remember that your answers will be kept strictly confidential: they are never connected with your name or your class.

Marijuana/Hashish

Lifetime Prevalence/Frequency* . . .

Annual Prevalence/Frequency* . . . .

Thirty-Day Prevalence/Frequency* . .



7. On how many occasions (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil). . . (Mark one circle for each line.)

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months? ...	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

Prevalence/Recency	This variable is derived from the three preceding questions. See Note 2 at the end of this appendix for details.
Prevalence of Daily Use	This variable is derived by combining the percent answering "20 to 39 occasions" and the percent answering "40 or more occasions" on Q. 7c above.

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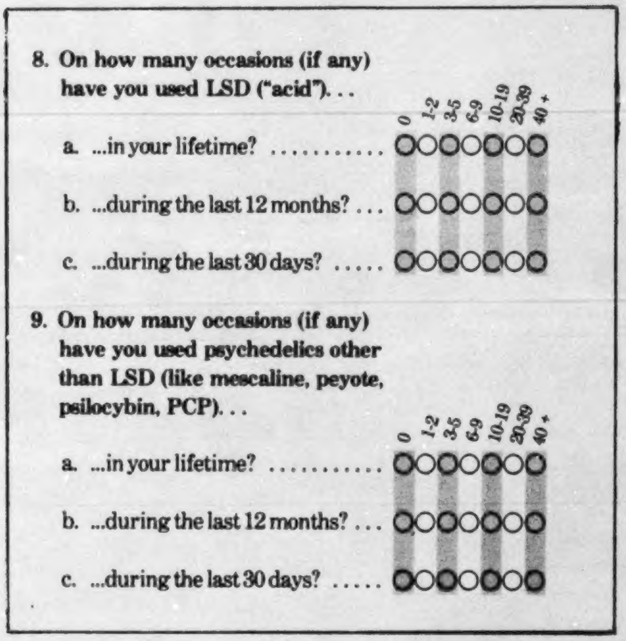
*For the distinction between prevalence and frequency see Note 1 at the end of this appendix.

Hallucinogens



8. On how many occasions (if any) have you used LSD ("acid")...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months?	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

9. On how many occasions (if any) have you used psychedelics other than LSD (like mescaline, peyote, psilocybin, PCP)...

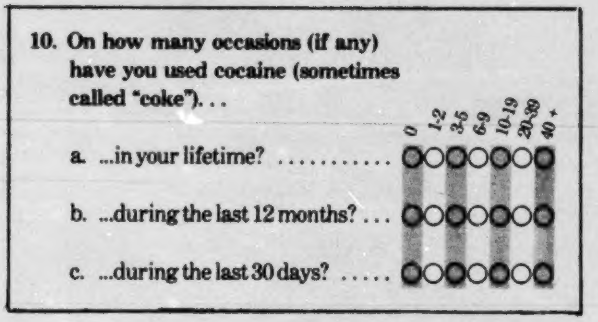
	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months?	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

Lifetime Prevalence/Frequency[*] . . .	Questions 8a and 9a combined. See Note 3 at the end of this appendix for details.
Annual Prevalence/Frequency[*]	Questions 8b and 9b combined. See Note 3 at the end of this appendix for details.
Thirty-Day Prevalence/Frequency[*] . .	Questions 8c and 9c combined. See Note 3 at the end of this appendix for details.
Prevalence/Recency	This variable is derived from the three preceding variables. See Note 2 at the end of this appendix for details.
Prevalence of Daily Use	This variable is derived by combining the percent answering 20 or more occasions on question 8c and/or 9c with the percent answering "10-19 occasions" on both 8c and 9c.

---

[*] For the distinction between prevalence and frequency see Note 1 at the end of this appendix.

Cocaine



10. On how many occasions (if any) have you used cocaine (sometimes called "coke")...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months? . . .	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

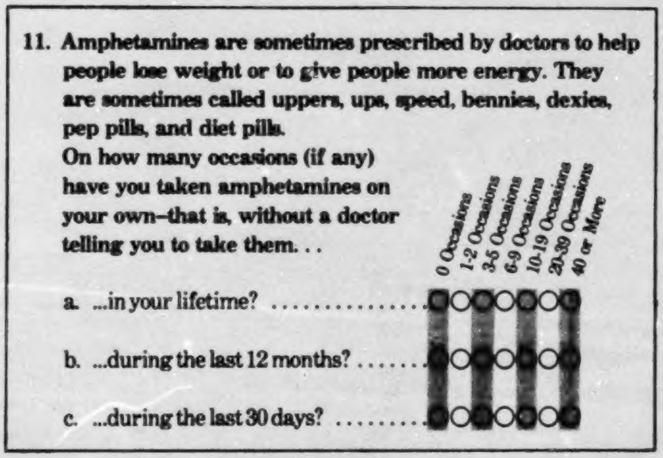
Lifetime Prevalence/Frequency* . . . .

Annual Prevalence/Frequency* . . . . .

Thirty-Day Prevalence/Frequency* . . .

Prevalence/Recency	This variable.is derived from the three preceding questions. See Note 2 at the end of this appendix for details.
Prevalence of Daily Use	This variable is derived by combining the percent answering "20 to 39 occasions" and the percent answering "40 or more occasions" on Q. 10c above.

Stimulants



11. Amphetamines are sometimes prescribed by doctors to help people lose weight or to give people more energy. They are sometimes called uppers, ups, speed, bennies, dexies, pep pills, and diet pills.
On how many occasions (if any) have you taken amphetamines on your own–that is, without a doctor telling you to take them...

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months?	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

Lifetime Prevalence/Frequency* . . . .

Annual Prevalence/Frequency* . . . . .

Thirty-Day Prevalence/Frequency* . . .

Prevalence/Recency	This variable is derived from the three preceding questions. See Note 2 at the end of this appendix for details.
Prevalence of Daily Use	This variable is derived by combining the percent answering "20 to 39 occasions" and the percent answering "40 or more occasions" on Q. 11c above.

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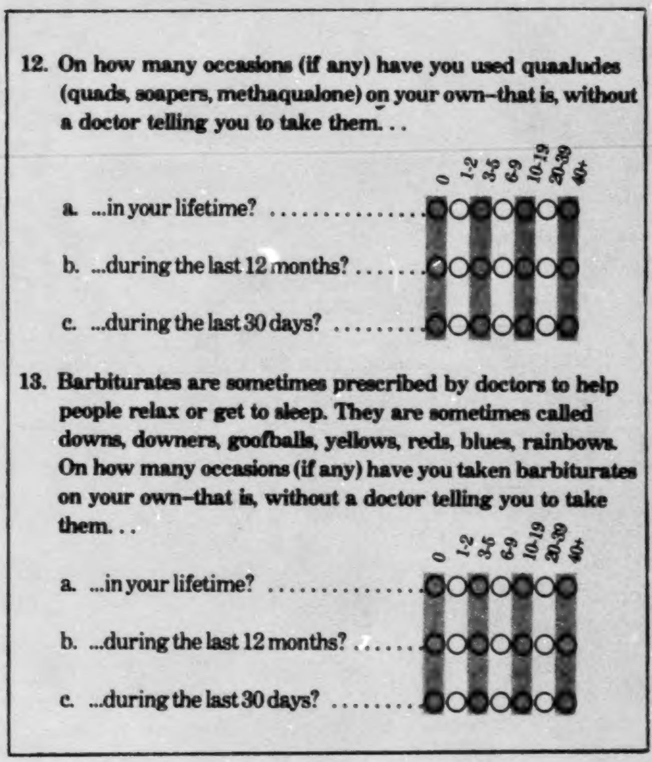
*For the distinction between prevalence and frequency see Note 1 at the end of this appendix.

Sedatives



12. On how many occasions (if any) have you used quaaludes (quads, soapers, methaqualone) on your own–that is, without a doctor telling you to take them. . .

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months?	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

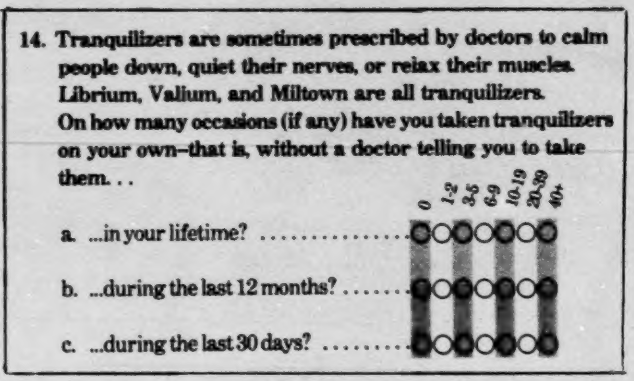
13. Barbiturates are sometimes prescribed by doctors to help people relax or get to sleep. They are sometimes called downs, downers, goofballs, yellows, reds, blues, rainbows. On how many occasions (if any) have you taken barbiturates on your own–that is, without a doctor telling you to take them. . .

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months?	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

Lifetime Prevalence/Frequency*	Questions 12a and 13a combined. See Note 3 at the end of this appendix for details.
Annual Prevalence/Frequency*	Questions 12b and 13b combined. See Note 3 at the end of this appendix for details.
Thirty-Day Prevalence/Frequency* . . .	Questions 12c and 13c combined. See Note 3 at the end of this appendix for details.
Prevalence/Recency	This variable is derived from the three preceding variables. See Note 2 at the end of this appendix for details.
Prevalence of Daily Use	This variable is derived by combining the percent answering 20 or more occasions on question 12c and/or 13c with the percent answering "10-19 occasions" on both 12c and 13c.

---

*For the distinction between prevalence and frequency see Note 1 at the end of this appendix.



14. Tranquilizers are sometimes prescribed by doctors to calm people down, quiet their nerves, or relax their muscles. Librium, Valium, and Miltown are all tranquilizers. On how many occasions (if any) have you taken tranquilizers on your own–that is, without a doctor telling you to take them...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months?	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

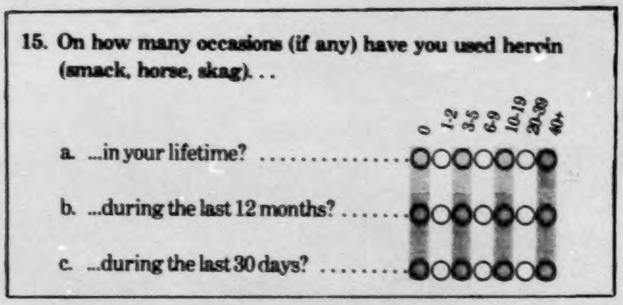
Tranquilizers

Lifetime Prevalence/Frequency* . . .

Annual Prevalence/Frequency* . . . .

Thirty-Day Prevalence/Frequency* . .

Prevalence/Recency	This variable is derived from the three preceding questions. See Note 2 at the end of this appendix for details.
Prevalence of Daily Use	This variable is derived by combining the percent answering "20 to 39 occasions" and the percent answering "40 or more occasions" on Q. 14c above.



15. On how many occasions (if any) have you used heroin (smack, horse, skag)...

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months?	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

Heroin

Lifetime Prevalence/Frequency* . . .

Annual Prevalence/Frequency* . . . .

Thirty-Day Prevalence/Frequency* . .

Prevalence/Recency	This variable is derived from the three preceding questions. See Note 2 at the end of this appendix for details.
Prevalence of Daily Use	This variable is derived by combining the percent answering "20 to 39 occasions" and the percent answering "40 or more occasions" on Q. 15c above.

---

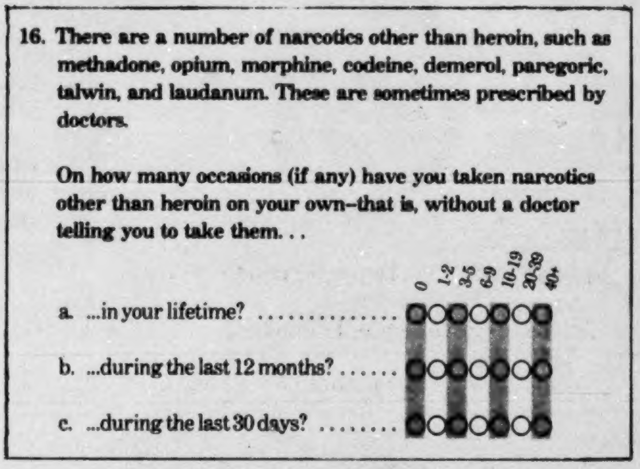
*For the distinction between prevalence and frequency see Note 1 at the end of this appendix.

Other Opiates[**]

Lifetime Prevalence/Frequency[*] . . .

Annual Prevalence/Frequency[*] . . . .

Thirty-Day Prevalence/Frequency[*] . .



16. There are a number of narcotics other than heroin, such as methadone, opium, morphine, codeine, demerol, paregoric, talwin, and laudanum. These are sometimes prescribed by doctors.

On how many occasions (if any) have you taken narcotics other than heroin on your own–that is, without a doctor telling you to take them. . .

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months?	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

Prevalence/Recency . . . . This variable is derived from the three preceding questions. See Note 2 at the end of this appendix for details.

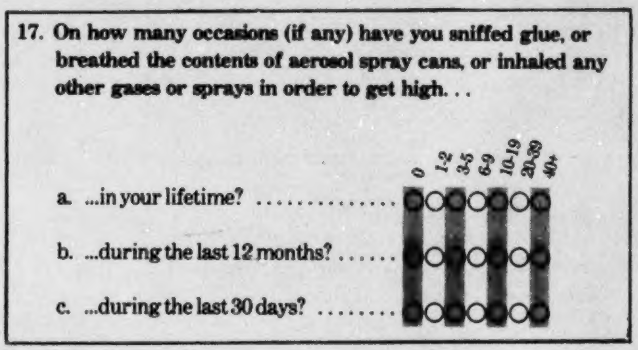
Prevalence of Daily Use . . . . This variable is derived by combining the percent answering "20 to 39 occasions" and the percent answering "40 or more occasions" on Q. 16c above.

Inhalants

Lifetime Prevalence/Frequency[*] . . .

Annual Prevalence/Frequency[*] . . . .

Thirty-Day Prevalence/Frequency[*] . .



17. On how many occasions (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high. . .

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months?	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

Prevalence/Recency . . . . This variable is derived from the three preceding questions. See Note 2 at the end of this appendix for details.

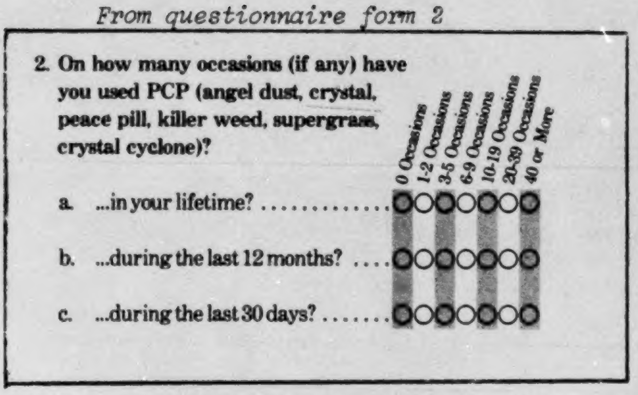
Prevalence of Daily Use . . . . This variable is derived by combining the percent answering "20 to 39 occasions" and the percent answering "40 or more occasions" on Q. 17c above.

---

[*] For the distinction between prevalence and frequency see Note 1 at the end of this appendix.

[**] A more complete description of this variable would be "other opiates and opiate-like substances," since synthetic drugs are contained among the examples given. The term "other opiates" was selected for brevity and consistency with the terminology used in NIDA's national household surveys.

From questionnaire form 2



2. On how many occasions (if any) have you used PCP (angel dust, crystal, peace pill, killer weed, supergrass, crystal cyclone)?

	0 Occasions	1-2 Occasions	3-5 Occasions	6-9 Occasions	10-19 Occasions	20-39 Occasions	40 or More
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months?	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

PCP

Lifetime Prevalence/Frequency* . . .

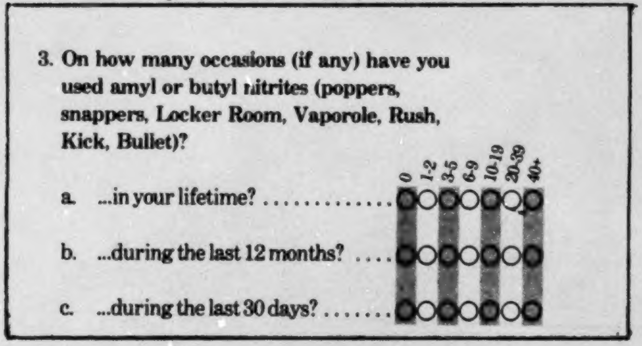
Annual Prevalence/Frequency* . . . .

Thirty-Day Prevalence/Frequency* . .

Prevalence/Recency. . . . . This variable is derived from the three preceding questions. See Note 2 at the end of this appendix for details.

Prevalence of Daily Use . . . . . . This variable is derived by combining the percent answering "20 to 39 occasions" and the percent answering "40 or more occasions" on Q. 2c above.

From questionnaire form 2



3. On how many occasions (if any) have you used amyl or butyl nitrites (poppers, snappers, Locker Room, Vaporole, Rush, Kick, Bullet)?

	0	1-2	3-5	6-9	10-19	20-39	40+
a. ...in your lifetime?	○	○	○	○	○	○	○
b. ...during the last 12 months?	○	○	○	○	○	○	○
c. ...during the last 30 days?	○	○	○	○	○	○	○

Amyl or Butyl Nitrites

Lifetime Prevalence/Frequency* . . .

Annual Prevalence/Frequency* . . . .

Thirty-Day Prevalence/Frequency* . .

Prevalence/Recency. . . . . This variable is derived from the three preceding questions. See Note 2 at the end of this appendix for details.

Prevalence of Daily Use . . . . . . This variable is derived by combining the percent answering "20 to 39 occasions" and the percent answering "40 or more occasions" on Q. 3c above.

---

*For the distinction between prevalence and frequency see Note 1 at the end of this appendix.

Marihuana Only/Annual Prevalence	This variable is composed of positive responses to the question about annual use of marihuana and negative responses to all questions about other illicit drug use in the last twelve months.
Illicit Drug Use (Other than Marihuana)/Annual Prevalence	This variable is composed of any positive response(s) to the annual prevalence questions for: hallucinogens, cocaine, heroin, other opiates, stimulants, sedatives, or tranquilizers.
Probability of Future Use . . . . Alcohol Barbiturates[a] Cigarettes Cocaine Heroin LSD[b] Marihuana or Hashish Other Opiates Stimulants Tranquilizers	*From questionnaire Form 1* **Do you think you will be using** (name of drug) five **years from now?** ① I definitely will ② I probably will ③ I probably will not ④ I definitely will not (NOTE: These questions are asked in Form 1 only and occur in the different sections of that questionnaire which deal separately with each drug.)

[a] This question asked about barbiturates only, not all sedatives.

[b] This question asked about LSD only, not all hallucinogens.

Grade of First Use of Drugs . . . .

*From questionnaire Forms 1 and 3**

12. When (if ever) did you FIRST do each of the following things? Don't count anything you took because a doctor told you to.
(Mark one circle for each line.)

	Never	Grade 6 or below	Grade 7 or 8	Grade 9 (Freshman)	Grade 10 (Sophomore)	Grade 11 (Junior)	Grade 12 (Senior)
a. Smoke cigarettes on a daily basis	○	○	○	○	○	○	○
b. Try an alcoholic beverage-more than just a few sips	○	○	○	○	○	○	○
c. Try marijuana or hashish	○	○	○	○	○	○	○
d. Try LSD	○	○	○	○	○	○	○
e. Try any psychedelic other than LSD	○	○	○	○	○	○	○
f. Try amphetamines	○	○	○	○	○	○	○
g. Try quaaludes	○	○	○	○	○	○	○
h. Try barbiturates	○	○	○	○	○	○	○
i. Try tranquilizers	○	○	○	○	○	○	○
j. Try cocaine	○	○	○	○	○	○	○
k. Try heroin	○	○	○	○	○	○	○
l. Try any narcotic other than heroin	○	○	○	○	○	○	○
m. Try inhalants	○	○	○	○	○	○	○

*"*a*" through "*l*" have been asked in Form 1 since 1975, and in Form 3 since 1977. "*m*" was added in 1978, and appears only in Form 3.

From questionnaire Form 2

4. When (if ever) did you FIRST do each of the following things?
(Mark one circle for each line.)

	Never	Grade 6 or below	Grade 7 or 8	Grade 9 (Freshman)	Grade 10 (Sophomore)	Grade 11 (Junior)	Grade 12 (Senior)
a. Try PCP	○	○	○	○	○	○	○
b. Try amyl or butyl nitrites	○	○	○	○	○	○	○

Degree and Duration of Feeling High . . .

Alcohol
LSD[a]
Marihuana
Other Psychedelics[a]

From questionnaire Form 1

When you use (name of drug) **how high do you usually get?**

① Not at all high
② A little high
③ Moderately high
④ Very high

When you use (name of drug) **how long do you usually stay high?**

① Usually don't get high
② One to two hours
③ Three to six hours
④ Seven to 24 hours
⑤ More than 24 hours

[a] LSD and "other psychedelics" were asked about separately, not combined as hallucinogens.

Degree and Duration of Feeling High . . .

Amphetamines
Barbiturates[b]
Cocaine
Heroin
Other Narcotics
Quaaludes[b]
Tranquilizers

From questionnaire Form 1

When you take (name of drug) **how high do you usually get?**

① Not at all high
② A little high
③ Moderately high
④ Very high

⑤ I don't take it to get high

When you take (name of drug) **how long do you usually stay high?**

① Usually don't get high
② One to two hours
③ Three to six hours
④ Seven to 24 hours
⑤ More than 24 hours

[b] Barbiturates and quaaludes were asked about separately, not combined as sedatives.

(NOTE: These questions are asked on Form 1 only and occur in the different sections of that questionnaire which deal separately with each drug.)

II. BACKGROUND AND DEMOGRAPHIC VARIABLES

Sex	**3. What is your sex?** ①Male ②Female
College Plans	**21. How likely is it that you will do each of the following things after high school? (Mark one for each line.)** Definitely Won't / Probably Won't / Probably Will / Definitely Will d. Graduate from college (four-year program) .... ● ② ● ④
None or under 4 yrs	Categories 1 and 2 of Q. 21d above.
Complete 4 yrs	Categories 3 and 4 of Q. 21d above.
Region	
Northeast	States grouped as Northeast (Census classifications of New England and Middle Atlantic): Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey and Pennsylvania.
North Central	States grouped as North Central (Census classifications of East North Central and West North Central): Ohio, Indiana, Illinois, Michigan, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska and Kansas.
South	States grouped as South (Census classifications of South Atlantic, East South Central and West South Central): Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma and Texas.

Region (cont.)

West	States grouped as West (Census classifications of Mountain and Pacific): Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon and California.

Population Density

Large SMSAs	Large SMSAs include the 12 largest Standard Metropolitan Statistical Areas (SMSA) as of the 1970 census: New York, Los Angeles, Chicago, Philadelphia, Detroit, San Francisco, Washington, Boston, Pittsburgh, St. Louis, Baltimore and Cleveland.
Other SMSAs	Other SMSAs include all other Standard Metropolitan Statistical Areas excluding the 12 above. Except in the New England States, an SMSA is a county or group of contiguous counties which contains at least one city of 50,000 inhabitants or more, or "twin cities" with a combined population of at least 50,000. In the New England States SMSAs consist of towns and cities instead of counties. Each SMSA must include at least one central city, and the complete title of an SMSA identifies the central city or cities. For the complete description of the criteria used in defining SMSAs, see the Bureau of the Budget publication, Standard Metropolitan Statistical Areas: 1967, U.S. Government Printing Office, Washington, D.C. 20402. The population living in SMSAs is designated as the metropolitan population.
Non-SMSAs	Non-SMSAs include all areas not designated as Standard Metropolitan Statistical Areas. The population living outside SMSAs constitutes the nonmetropolitan population.

From questionnaire Form 5

Perceived Harmfulness of Drugs . . . .

23. The next questions ask for your opinions on the effects of using certain drugs and other substances. First, how much do you think people risk harming themselves (physically or in other ways), if they. . .

	No Risk	Slight Risk	Moderate Risk	Great Risk	Can't Say Drug Unfamiliar
a. Smoke one or more packs of cigarettes per day	①	②	③	④	⑤
b. Try marijuana (pot, grass) once or twice	①	②	③	④	⑤
c. Smoke marijuana occasionally	①	②	③	④	⑤
d. Smoke marijuana regularly	①	②	③	④	⑤
e. Try LSD once or twice	①	②	③	④	⑤
f. Take LSD regularly	①	②	③	④	⑤
g. Try heroin (smack, horse) once or twice	①	②	③	④	⑤
h. Take heroin occasionally	①	②	③	④	⑤
i. Take heroin regularly	①	②	③	④	⑤
j. Try barbiturates (downers, goofballs, reds, yellows, etc.) once or twice	①	②	③	④	⑤
k. Take barbiturates regularly	①	②	③	④	⑤
l. Try amphetamines (uppers, pep pills, bennies, speed) once or twice	①	②	③	④	⑤
m. Take amphetamines regularly	①	②	③	④	⑤
n. Try cocaine once or twice	①	②	③	④	⑤
o. Take cocaine regularly	①	②	③	④	⑤
p. Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	①	②	③	④	⑤
q. Take one or two drinks nearly every day	①	②	③	④	⑤
r. Take four or five drinks nearly every day	①	②	③	④	⑤
s. Have five or more drinks once or twice each weekend	①	②	③	④	⑤

From questionnaire Form 3

Disapproval of Drug Use . . . .

28. Individuals differ in whether or not they disapprove of people doing certain things. Do YOU disapprove of people (who are 18 or older) doing each of the following? (Mark one circle for each line.)

	Don't Disapprove	Disapprove	Strongly Disapprove
a. Smoking one or more packs of cigarettes per day	①	②	③
b. Trying marijuana (pot, grass) once or twice	①	②	③
c. Smoking marijuana occasionally	①	②	③
d. Smoking marijuana regularly	①	②	③
e. Trying LSD once or twice	①	②	③
f. Taking LSD regularly	①	②	③
g. Trying heroin (smack, horse) once or twice	①	②	③
h. Taking heroin occasionally	①	②	③
i. Taking heroin regularly	①	②	③
j. Trying a barbiturate (downer, goofball, red, yellow, etc.) once or twice	①	②	③
k. Taking barbiturates regularly	①	②	③
l. Trying an amphetamine (upper, pep pill, bennie, speed) once or twice	①	②	③
m. Taking amphetamines regularly	①	②	③
n. Trying cocaine once or twice	①	②	③
o. Taking cocaine regularly	①	②	③
p. Trying one or two drinks of an alcoholic beverage (beer, wine, liquor)	①	②	③
q. Taking one or two drinks nearly every day	①	②	③
r. Taking four or five drinks nearly every day	①	②	③
s. Having five or more drinks once or twice each weekend	①	②	③

(NOTE: In 1975 only, this question asked about people "who are 20 or older".)

From questionnaire Form 4

Attitudes Regarding Legality of Drug Use . . . .

20. Do you think that people (who are 18 or older) should be prohibited by law from doing each of the following? (Mark one circle for each line.)

	No	Not Sure	Yes
a. Smoking marijuana (pot, grass) in private . . .	①	②	③
b. Smoking marijuana in public places	①	②	③
c. Taking LSD in private	①	②	③
d. Taking LSD in public places	①	②	③
e. Taking amphetamines (uppers) or barbiturates (downers) in private	①	②	③
f. Taking amphetamines or barbiturates in public places	①	②	③
g. Taking heroin (smack, horse) in private	①	②	③
h. Taking heroin in public places	①	②	③
i. Getting drunk in private	①	②	③
j. Getting drunk in public places	①	②	③
k. Smoking tobacco in certain specified public places	①	②	③

(NOTE: In 1975 only, this question asked about people "who are 20 or older".)

From questionnaire Form 4

Attitudes Regarding Marihuana Laws . . . .

21. In particular, there has been a great deal of public debate about whether marijuana use should be legal. Which of the following policies would you favor?

① Using marijuana should be entirely legal
② It should be a minor violation–like a parking ticket–but not a crime
③ It should be a crime

④ Don't know

22. If it were legal for people to USE marijuana, should it also be legal to SELL marijuana?

① No
② Yes, but only to adults
③ Yes, to anyone

④ Don't know

23. If marijuana were legal to use and legally available, which of the following would you be most likely to do?

① Not use it, even if it were legal and available
② Try it
③ Use it about as often as I do now
④ Use it more often than I do now
⑤ Use it less than I do now

⑥ Don't know

IV. ATTITUDES AND BELIEFS OF PARENTS AND FRIENDS

From questionnaire Form 4

Parents' Disapproval of Drug Use . . .

8. How do you think your PARENTS feel (or would feel) about YOU doing each of the following things? (Mark one circle for each line.)

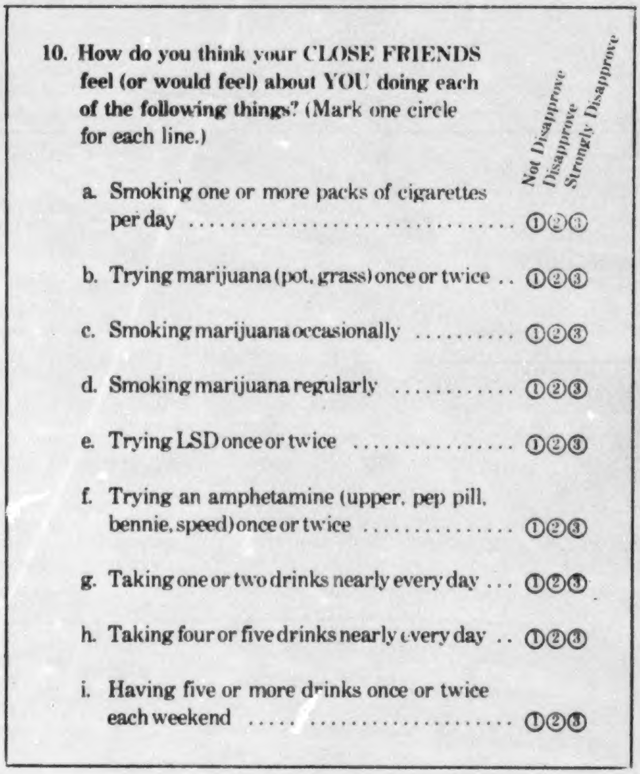
	Not Disapprove	Disapprove	Strongly Disapprove
a. Smoking one or more packs of cigarettes per day	①	②	③
b. Trying marijuana (pot, grass) once or twice	①	②	③
c. Smoking marijuana occasionally	①	②	③
d. Smoking marijuana regularly	①	②	③
e. Trying LSD once or twice	①	②	③
f. Trying an amphetamine (upper, pep pill, bennie, speed) once or twice	①	②	③

8. How do you think your PARENTS feel (or would feel) about YOU . . .

	Not Disapprove	Disapprove	Strongly Disapprove
g. Taking one or two drinks nearly every day	①	②	③
h. Taking four or five drinks nearly every day	①	②	③
i. Having five or more drinks once or twice each weekend	①	②	③

From questionnaire Form 4

Friends' Disapproval of Drug Use . . . .



10. **How do you think your CLOSE FRIENDS feel (or would feel) about YOU doing each of the following things?** (Mark one circle for each line.)

	Not Disapprove	Disapprove	Strongly Disapprove
a. Smoking one or more packs of cigarettes per day	①	②	③
b. Trying marijuana (pot, grass) once or twice	①	②	③
c. Smoking marijuana occasionally	①	②	③
d. Smoking marijuana regularly	①	②	③
e. Trying LSD once or twice	①	②	③
f. Trying an amphetamine (upper, pep pill, bennie, speed) once or twice	①	②	③
g. Taking one or two drinks nearly every day	①	②	③
h. Taking four or five drinks nearly every day	①	②	③
i. Having five or more drinks once or twice each weekend	①	②	③

V. EXPOSURE TO DRUG USE

From questionnaire Form 3

Exposure to Drug Use . . . .

29. During the LAST 12 MONTHS, how often have you been around people who were taking each of the following to get high or for "kicks"?

	Not At All	Once or Twice	Occasionally	Often
a. Marijuana (pot, grass) or hashish	①	②	③	④
b. LSD	①	②	③	④
c. Other psychedelics (mescaline, peyote, PCP, etc.)	①	②	③	④
d. Amphetamines (uppers, pep pills, bennies, speed)	①	②	③	④
e. Barbiturates (downers, goofballs, reds, yellows, etc.)	①	②	③	④
f. Tranquilizers (Librium, Valium, Miltown)	①	②	③	④
g. Cocaine ("coke")	①	②	③	④
h. Heroin (smack, horse)	①	②	③	④
i. Other narcotics (methadone, opium, codeine, paregoric, etc.)	①	②	③	④
j. Alcoholic beverages (beer, wine, liquor)	①	②	③	④

Friends' Use of Drugs . . . .

From questionnaire Form 2

6. How many of your friends would you estimate...

	None	A Few	Some	Most	All
a. Smoke cigarettes?	①	②	③	④	⑤
b. Smoke marijuana (pot, grass) or hashish?	①	②	③	④	⑤
c. Take LSD?	①	②	③	④	⑤
d. Take other psychedelics (mescaline, peyote, PCP, etc.)?	①	②	③	④	⑤
e. Take amphetamines (uppers, pep pills, bennies, speed)?	①	②	③	④	⑤
f. Take quaaludes (quads, methaqualone)?	①	②	③	④	⑤
g. Take barbiturates (downers, goofballs, reds, yellows, etc.)?	①	②	③	④	⑤
h. Take tranquilizers?	①	②	③	④	⑤
i. Take cocaine?	①	②	③	④	⑤
j. Take heroin (smack, horse)?	①	②	③	④	⑤
k. Take other narcotics (methadone, opium, codeine, paregoric, etc.)?	①	②	③	④	⑤
l. Use inhalants (sniffing glue, aerosols, laughing gas, etc.)?	①	②	③	④	⑤
m. Drink alcoholic beverages (liquor, beer, wine)?	①	②	③	④	⑤
n. Get drunk at least once a week?	①	②	③	④	⑤

From questionnaire Form 2

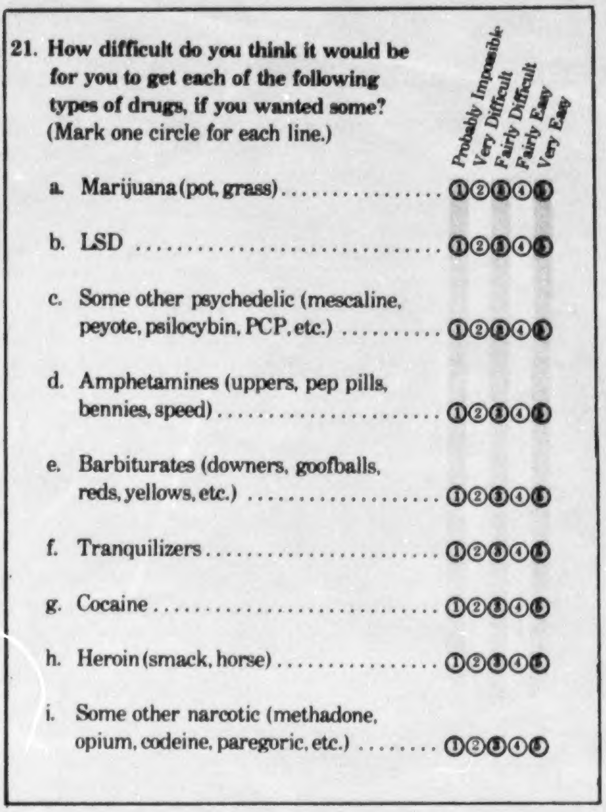
1. How many of your friends would you estimate...

	None	A Few	Some	Most	All
a. Take PCP (angel dust, crystal, peace pill, killer weed, supergrass, crystal cyclone)?	○	○	○	○	○
b. Take amyl or butyl nitrite (poppers, snappers, Locker Room, Vaporole, Rush, Kick, Bullet)?	○	○	○	○	○

VI. PERCEIVED AVAILABILITY OF DRUGS

From questionnaire Form 2

Perceived Availability of Drugs . . . .



21. How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some? (Mark one circle for each line.)

	Probably Impossible	Very Difficult	Fairly Difficult	Fairly Easy	Very Easy
a. Marijuana (pot, grass)	①	②	③	④	⑤
b. LSD	①	②	③	④	⑤
c. Some other psychedelic (mescaline, peyote, psilocybin, PCP, etc.)	①	②	③	④	⑤
d. Amphetamines (uppers, pep pills, bennies, speed)	①	②	③	④	⑤
e. Barbiturates (downers, goofballs, reds, yellows, etc.)	①	②	③	④	⑤
f. Tranquilizers	①	②	③	④	⑤
g. Cocaine	①	②	③	④	⑤
h. Heroin (smack, horse)	①	②	③	④	⑤
i. Some other narcotic (methadone, opium, codeine, paregoric, etc.)	①	②	③	④	⑤

Perceived Availability of Drugs as Reported by Users of Those Drugs . . . . These variables are derived from the answers to each of the above questions given by those who used each of the corresponding drugs once or more in the previous twelve months.

NOTES

NOTE 1: Prevalence/Frequency Measures

Prevalence refers to the presence or absence of drug use during the time period, while frequency refers to the number of occasions of use within the time period.

NOTE 2: Prevalence/Recency Measures

The answer categories are: (1) Used in the last 30 days; (2) Used in last 12 months but not in the last 30 days; (3) Used in lifetime but not in the last 12 months; and (4) Never used in lifetime.

NOTE 3: Combining Prevalence/Frequency Data from Two Questions

In order to report drug categories which closely match those reported from the national household interview surveys, we have combined certain drugs which had separate prevalence/frequency questions in the current study. Specifically, questions about "LSD" and "Other psychedelics" were combined into a single category called "hallucinogens."*

Also, separate questions on "Barbiturates" and "Quaaludes" in this study were combined to form a "Sedatives" category. Because bracketed frequency categories are used on the original variables, some judgement must be exercised in deciding how to combine them to generate frequencies of use for the derivative variable. The table below indicates how the two original questions in each case were combined (recoded) to form a single variable.

Derived Answer Codes for Frequency of Use

(Note: Column headings, row headings, and cell entries all are stated in terms of answer codes. See key.)

Answer code given for one drug	Answer code given for the other drug							
	1	2	3	4	5	6	7	9
1	1	2	3	4	5	6	7	1
2	2	3	3	4	5	6	7	2
3	3	3	4	5	5	6	7	3
4	4	4	5	5	5	6	7	4
5	5	5	5	5	6	7	7	5
6	6	6	6	6	7	7	7	6
7	7	7	7	7	7	7	7	7
9	1	2	3	4	5	6	7	9

KEY

Answer code		Frequency of use
1	=	0 occasions
2	=	1-2 occasions
3	=	3-5 occasions
4	=	6-9 occasions
5	=	10-19 occasions
6	=	20-39 occasions
7	=	40+ occasions
9	=	missing data

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*The term "hallucinogens" is used for purposes of consistency with the national household survey, as are the terms "sedatives," "other opiates," and "stimulants."

Cover and Instructions to the Questionnaires

monitoring the future

a continuing study of the lifestyles and values of youth

This questionnaire is part of a nationwide study of high school seniors, conducted each year by the University of Michigan's Institute for Social Research. The questions ask your opinions about a number of things--the way things are now and the way you think they ought to be in the future. In a sense, many of your answers on this questionnaire will count as "votes" on a wide range of important issues.

If this study is to be helpful, it is important that you answer each question as thoughtfully and frankly as possible. All your answers will be kept strictly confidential, and will never be seen by anyone who knows you.

This study is completely voluntary. If there is any question that you or your parents would find objectionable for any reason, just leave it blank.

In a few months, we would like to mail each of you a summary of the nationwide results from this study. Also, in about a year we would like to mail another questionnaire to some of you, asking about how your plans have worked out and what's happening in your lives.

In order to include you in these mailings, we ask for your name and address on a special form at the end of this questionnaire. This form is to be torn out and handed in separately. Once the address form and the questionnaire have been separated, there is no way they can be matched again, except by using a special computer tape at the University of Michigan. The only purpose for that tape is to match a follow-up questionnaire with this one.

Other seniors have said that these questionnaires are very interesting and that they enjoy filling them out. We hope you will too. Be sure to read the instructions on the other side of this cover page before you begin to answer. Thank you very much for being an important part of this project.

1980 - 1981

INSTITUTE FOR SOCIAL RESEARCH
THE UNIVERSITY OF MICHIGAN
ANN ARBOR, MICHIGAN

INSTRUCTIONS

1. **This is not a test, so there are no right or wrong answers; we would like you to work fairly quickly, so that you can finish.**

2. **All of the questions should be answered by marking one of the answer spaces. If you don't always find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure of what it means, just leave it blank.**

3. **Your answers will be read automatically by a machine called an optical mark reader. Please follow these instructions carefully:**

   - **Use only the black lead pencil you have been given.**
   - **Make heavy black marks inside the circles.**
   - **Erase cleanly any answer you wish to change.**
   - **Make no other markings or comments on the answer pages, since they interfere with the automatic reading. (If you want to add a comment about any question, please use the space provided below.)**

These kinds of markings will work: ● ● ●

These kinds of markings will NOT work: ⊙ ● ○

(THIS SPACE FOR WRITTEN COMMENTS)

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